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ADDRESS

ON THE

STUDY OF MEDICINE,

DELIVERED AT THE OPENING OF THE MEDICAL SCHOOL,

October 1st, 1833,

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Gentlemen,—We open the sixth session of our medical school with prospects equally gratifying to the profession, and to those who are interested in the prosperity of this establishment. The ruinous expenditure with which the University commenced its career has been greatly reduced, and, by recent internal arrangements, it is now brought within its present actual income. New chairs are proposed and announced, and new lectureships will commence this winter. The whole system of management in relation to the students, the lectures, the professors, the faculties, the senate, and the council, has been carefully planned and organised. Several important improvements have been made since last session, both in the interior and exterior of the building, and additions have been made to our libraries, apparatus, drawings, and museums. The inconvenience of teaching two extensive analytical departments, requiring much apparatus and means of illustration, in the same theatre, has been remedied by the arrangement of a new theatre, expressly for the class of materia medica, in which the whole of the rich materials for that branch are placed constantly before the eye of the student. The juvenile school, the success of which, last season, with imperfect accommodation, surpassed the most sanguine hopes, has been accommodated with new and spacious apartments within the University, thus forwarding the internal completion of the building; and it is reasonable to expect that the prosperity of that part of the establishment will prove beneficial to the medical and general schools by sending up students to those departments, if the general school of the University be not allowed to sink into a school for children. The Dispensary, hitherto maintained at considerable expense, and the only means we possessed of communicating clinical instruction, will now soon be relinquished for the hospital adjoining the University, which has been entirely built since the close of the last session, and now only waits for its internal furnishing to receive the patients. The opening of the North London Hospital will be the commencement of two important departments of our medical curriculum,—clinical medicine and clinical surgery, with hospital attendance. The debts of the establishment, which, last winter, excited some anxiety regarding the stability of this school, have, as you have seen by the public journals, all been paid off by a loan of 4000*l.* on a mortgage of property for five years, and it is confidently expected, from the increasing prosperity and reputation of the schools, and the plans of rigid economy introduced, that it will be redeemed within that period, and the future existence of the whole placed on a more solid foundation. But, in case of difficulties, is it unreasonable to hope that in subscribing for its erection, half the nobility, and power, and wealth of England are pledged to prop this monument to the genius of the times? The subdivision of labour in the medical school, the extended courses of instruction given on every department of medicine, and the ample means of illustration we already possess, place this part of the Institution on an equality with that of any other British University in these respects, and an application has lately been made to parliament, by a zealous and learned member of our council and of the legislature, to petition his Majesty to grant this house a charter, with the power of conferring degrees, as enjoyed by the era

dowed Universities of the kingdom. This appeal has met with a most favourable reception in the House of Commons, and its object is said to be now under the consideration of the advisers of the Crown.

The Royal College of Physicians of London exercise an exclusive power over the profession, which is injurious to its interests, and an unjust oppression. No physician can demand an examination for a fellowship at that College, in virtue of any degree but that of the imperfect medical schools of Oxford and Cambridge; and no student can obtain a degree in these two Universities, unless he sign the thirty-nine articles as a member of the Church of England. Thus the object of such a College is absurdly perverted, and very few of the eminent physicians of England can obtain a fellowship, or expect to enjoy those advantages and privileges which are attached to it. Forty-nine physicians, of known reputation, practising in London, including the heads of most of the medical schools of the metropolis, excepting King's College, have petitioned the House of Commons to inquire into this and other abuses of the profession, and, generally, into its present state throughout the country, with the view to the framing of such laws as may remove the existing evils, and place the medical institutions of this country on a more liberal and equitable basis. Petitions to the same effect have been presented from other parts of the kingdom. Notice of motion for a committee of inquiry has been given in the House of Commons, and the affairs of the profession are now in the hands of a scrutinizing and equitable legislature, which will retain whatever is good in the institutions of old times, and correct whatever abuses are sanctioned only by custom or neglect. So that if privileges are to be granted to this school, either as a part or the whole of a great metropolitan University, they will be founded, not on special favour, or the caprice of the times, but on a full and candid examination of its comparative and intrinsic merits, and on the broad principles of reason, expediency, and public good; and, it is to be hoped, they will be in accordance with the present enlightened condition of society, and the liberal and tolerant principles of the age. Those, therefore, to whom I now chiefly address myself, who are about to commence their medical education in this establishment, have reason to be gratified with the prospects of the school they have selected, and to congratulate themselves on the light of reform and improvement which begins to dawn on the profession they are about to enter;—a profession, the study of which, under all circumstances, presents a vast and varied field for the exercise of the mental powers, whose pursuits are calculated to awaken the finest feelings and the noblest endowments of our nature; and the practice of which is peculiarly calculated to promote happiness, by removing or alleviating the sufferings of humanity.

The task you are about to enter upon is the most serious of your life, as ours is the most responsible. The education of youth, indeed, is the most important subject which can occupy the human mind; it is the basis of individual happiness, and of the rank and usefulness of man in society; it developes and cultivates those powers which distinguish him from the brute; it stamps the character of an age, and constitutes the chief distinction among men, and among the nations that are, or have been, on the earth. An extensive and well-directed general education, by cultivating and improving the mental faculties, storing the mind with the materials of thought, and training it early to habits of study and reflection, forms a most valuable introduction to professional pursuits, and a solid foundation for professional fame. This early preparation, so valuable in all the learned professions, is of essential importance in the study of medicine, whose objects and pursuits are so numerous, extensive, and varied.

The youth destined for this profession, who is yet only acquiring a knowledge of the Latin language, is not merely obtaining the means of enjoying, in after life, the literature of the ancient mistress of the world; he is acquiring the language in which half the works of his future profession are written,—the language he must daily employ in his prescriptions and practice,—the language from which the technical terms of anatomy, surgery, and the half of the medical science, are derived: and by studying its structure, its combinations, and decompositions, he is training the mind to the processes of analysis and synthesis, so important in all the analytical parts of medicine, as chemistry, pharmacy, and medical jurisprudence.

The nomenclature of chemistry, botany, and some other branches of medicine, is derived chiefly from the Greek, the simplicity and vocal harmony of which admirably suit it for this use; and an acquaintance with that rich and beautiful language is thus valuable to the medical student, not only as a key to the pure fountain of science and literature among the Greeks, and to the writings of Hippocrates, Aristotle, Galen, and other fathers of medicine, but also to enable him to comprehend the descriptive language of the scientific medical works published throughout Europe at the present time.

Although the study of the dead languages is a valuable part of the student's education, in giving an early discipline to his mind, in cultivating his taste by the purest models of literature, in affording him access to all that is most curious and interesting in the history of his profession, and in interpreting its technical language, the useful knowledge to be obtained through their means, falls infinitely short of that to which he can obtain access only by an acquaintance with the modern languages of Europe, particularly the French and German. The number of flourishing Universities and Medical Schools on the Continent, and the numerous improvements they are daily adding to science, now render it indeed impossible to keep pace with the rapid march of discovery in any department of our profession, without some tolerable acquaintance with the modern languages. But there is no language which the student of medicine is more apt to neglect, or requires more, than his own, which he has constant occasion to use in the various writings and correspondence of an active professional life.

In a science like medicine, so replete with subjects of speculation and conjecture, that precision of thought acquired by cultivating the sciences which treat of quantity and figure, is most valuable. And independent of the value of the mathematical sciences in teaching the mind to think and to reason correctly, they have many direct applications to particular branches, as to the analytical parts of chemistry. The numerous useful applications of natural philosophy, of optics, acoustics, mechanics, hydrostatics, and other branches of that vast and practical department, are so obvious that, in a liberal plan of medical education; it ought to enter as a necessary part. Without its aid half the beauty of animal structure is undiscoverable, and half the science of physiology is unintelligible. It stands beside chemistry in its relation to medicine, and to the light which it throws on vital phenomena, and its facts and principles are alike applicable to the healthy and the diseased conditions of organization.

There never was a period when the philosophy of mind and the art of correct reasoning were more important to the medical student than the present, when the most discordant opinions divide the profession regarding the phenomena of sensation and thought, the nature of life, of volition, and mental emotions, the functions of the brain, and the whole constitution of the human mind.

Although medicine is replete with subjects of abstruse investigation, requiring a mind well disciplined in the abstract sciences, the practice of the profession makes constant calls on our acquaintance with the resources of nature, contained in the properties of the natural objects around us. In combating disease, we seek aid from every kingdom of nature; from the mineral kingdom we derive an immense number of powerful agents, possessing the most diversified properties; the vegetable kingdom contributes largely to the materia medica, and many remedial agents of great power and efficacy are taken from the animal kingdom. Not only do the studies of mineralogy, botany, and zoology, contribute to enrich medicine with numerous effective remedies for the evils that flesh is heir to, but even geology throws the greatest light on medical statistics, or medical police, an important part of medical jurisprudence.

An acquaintance with these general departments of knowledge should form the basis of a medical education, and to ensure the usefulness and respectability of the profession, the highest honours in medicine ought to be granted only to those who have obtained previously some testimonial of proficiency in general acquirements. This College and King's College differ from the other medical schools of the metropolis, in presenting the student with the means of obtaining a knowledge of these preliminary branches, while pursuing his medical studies, without quitting the walls of the establishment; and you who are but commencing your career, I would venture to remind, that as yours is still the period to store up intellectual treasures, more imperishable than worldly, for future life, you should avail yourselves of the means that are now before you, to supply the deficiencies of your early education; or, hereafter, in the army or the navy, in the provinces or in remote colonies, in the bustle of an active life, you may in vain regret the last opportunity you have lost.

A curriculum of professional study comprehends, not the preparatory studies, but those professional departments only which the student is required to attend before he can obtain some testimonial or diploma, and, in this institution, the curriculum unanimously proposed by the medical faculty for the diploma of "Master in Medicine and Surgery," comprehends only the subjects taught by the professors of that faculty. The subjects of the course of study it prescribes, are intimately connected with each other as parts of a whole, and a methodical order in their study tends much to facilitate their acquisition.

Anatomy and chemistry derive very little aid from other branches of medi-

cine, but throw the greatest light on all the higher departments. They obviously point themselves out as the most elementary and isolated departments of the curriculum, and their study should be accompanied, not by the higher branches of medicine, for which the student has yet received no preparation, but by some of the higher branches of general knowledge. Comparative anatomy supposes a previous knowledge of human anatomy, the subject of constant comparison. The simplest operation in surgery can neither be comprehended when described, nor understood when seen, without an acquaintance with the structure of the part, and this knowledge is equally necessary to comprehend the seat or nature of any internal disease. The study of human bones and muscles, and other parts of our frame, to which the young student is soon introduced, is often commenced with feelings of natural repugnance; but the beauty of perfect adaptation which he sees in every part, and the professional importance he finds attached to every the minutest point of the structure, soon change these feelings for those of the liveliest curiosity, interest, and admiration. To behold the complex structure of our solid frame-work, and the means by which its parts are held in connexion, and enabled to move smoothly on each other; to study the complicated machinery by which all the motions of the body are effected, and the curious apparatus provided to give it cognizance of outward nature; to examine the instruments by which it converts foreign matter into its own likeness, and the hydraulic apparatus to convey it for the nourishment of all the parts; to study the beautiful means provided to bring the restoring element without, largely in contact with the fluids within, and the organs by which new compounds are formed from the circulating fluids, or the decayed materials are removed from the system; to penetrate those mysterious arrangements by which his race is perpetuated on the earth—in short, to behold how "fearfully and wonderfully" man is made, is calculated to present the student with themes for the most interesting reflection, to gain his heart to his study, and to open his mind to the purest feelings and sentiments of religion.

As a knowledge of the healthy structure of our frame is the basis of morbid and comparative anatomy, the parent of the arts of design, and the key-stone of surgery, so is chemistry the foundation of pharmacy, and essential to the study of medical jurisprudence and of physiology. Even anatomy borrows from it a knowledge of the composition and nature of the fluids and tissues of our body. But chemistry, shining with an unborrowed light, spreads its lustre over half the physical sciences. Confining its inquiries to the phenomena which result from the motions of invisible atoms at insensible distances, its field of research is limited only by the boundaries of the material world. The heat and light of the comet that seems to shoot beyond the starry firmament, the meteors of the heavens, the artillery of the clouds, the atmosphere that encompasses the globe, the waters that bathe its surface, the solid earth itself, and the processes of its hidden laboratories, are as much the domain of the chemist, and as rigidly obey his laws, as the complex living processes performed in the laboratory of organic beings, from man to the humblest lichen. What a mine of research is opened to the student by this delightful study! It is no less important among the sciences for the innumerable useful applications of its results, and the splendour of its discoveries, than it is satisfactory to the mind from the certainty of its evidence, and gratifying by the beauty of its experiments.

The student's mind, familiarized with human structure, and enlarged by chemical research, begins to reflect that to know man isolated, is to know him but half; that our knowledge of things is mostly relative; that he cannot compare while he knows but one term of the comparison. Our species is one of half a million of organized beings; and to know the true character of man's organization, and his place in the scale of nature, is to know something of the degrees of that scale. Knowing the structure of man's brain, or heart, or eye, or ear, or hand, the student can perceive nothing of superiority, nothing peculiar in them, till he has compared them with the range of forms presented by those organs in nature, and perceives why each form is best in the combinations of structure which accompany it. He traces, in comparative anatomy, the human organs coming successively into being, and rising in complexness, from the monad through all the grades of animal existence; and discovers, by the close resemblance which exists between the transient forms presented by man's organs during their development, and their permanent or adult forms in inferior orders of animals, that the plan of organization is everywhere the same, and man the climax of its development. Extending his view to the remnants of organic beings embalmed in the earth, he finds that this kingdom has itself been gradually developed, from simple to compound, that its roots are lost in the depth

of the earth, and its extreme branches only are visible on the surface. This extensive department treats of the composition and properties of the fluids and tissues of animal bodies, the structure and development of the several organs, and the uses or functions of every part, thus constituting the general and descriptive anatomy of animals and animal physiology. Seeing the imperfect knowledge of man to be derived from studying man alone, physiologists, in all ages, have sought to comprehend and illustrate his vital economy by studying that of inferior animals; and their labours have thus been rewarded by the discovery of the circulation of the blood, the lacteal vessels, the thoracic duct, the lymphatic absorbents, the principle of galvanism, the functions of the nerves, and many others, made on the lower animals, which have changed the whole face of medical science. Comparative anatomy, like chemistry and botany, spurning its origin as subservient to man's economy, or to medicine, has assumed an independent rank among the sciences, and has extended its influence over zoology, geology, and the fine arts.

From the structure of man and animals the student passes to that of plants—to the study of Botany, one of the most extensive and pleasing departments of the medical curriculum, and one which has long been cherished and protected in our universities and medical schools, by the regulations of public bodies and the guardians of education. Treating of the structure and functions and history of vegetables, it stands in the same relation to medicine as comparative anatomy, animal physiology, and zoology, taken collectively, which have never been protected by our profession. The first development and the lowest conditions of the organs of vegetative life, and the phenomena of life exhibited by the simplest forms of organization, the nature and functions of the vegetable tissues and vessels,—the phenomena of circulation in the cells,—the endosmose of the roots,—the motions of the sap in inert vessels,—the respiration of the leaves,—the signs of sensibility,—the whole phenomena of fructification and germination,—the influence of external agents on the vital phenomena of plants, and on vegetable forms,—the laws which regulate their physical and geographical distribution, and whatever relates to the living economy of this vast kingdom of nature, are calculated to enlarge the views of the comparative anatomist and physiologist. The principles of classification as applied to vegetable forms, and the history of the families and species, form an indispensable preliminary to the study of materia medica. Although medicine is thus largely indebted to the delightful pursuits of the botanist, botany is so little subordinate to physic, that, in all countries, it is a favourite study with men of every calling, and the most distinguished botanists in our own country have seldom belonged to the medical profession, as Brown, Hooker, Greville, Lindley, Arnot, and Bentham.

The living functions of plants and animals are the province of physiology, which examines the processes by which foreign matter, introduced into these living laboratories, is converted into their own likeness, the manner in which they are affected by surrounding nature, and the means by which they continue their race. Resting on anatomy, human, comparative, and vegetable, and using the light of natural philosophy and chemistry, it examines the machinery in a state of action, to determine how far each part contributes to the general result; and by accurately defining the healthy function of each organ in the general vortex of life, it paves the way for the study of pathology, which considers them in a state of disease. It is here divided into three departments, vegetable, animal, and human physiology, which are considered separately in the classes of botany, comparative anatomy, and human anatomy.

Accident and experiment, more than reasoning, have pointed out many mineral, vegetable, and animal substances, which exert peculiar and often extraordinary powers, when taken into the living body—powers by which the vital functions are variously modified, the fluids altered in composition and properties, and the textures of the organs changed or destroyed. These are the chief instruments employed by the physician to check the progress of morbid actions and restore the healthy; and as each exerts, under similar circumstances, its own peculiar action, they can be classified according to their properties, and their degrees of activity can be determined with precision. Hence has arisen that extensive and important department, materia medica, which treats of the properties of medicinal agents, the art of pharmacy, by which they are procured from nature, and prepared for administration, and therapeutics, which explains their mode of action on the living frame. This study constantly directs the student's knowledge of chemistry to practical purposes; it changes empiricism to science, and gives to the medical student a new interest in the study of the three kingdoms of nature.

The student who has seen all parts of the human body demonstrated and described, and, in his private study, has dili-

gently kept pace with the professors of the elementary departments, is prepared to take the scalpel into his own hand, and, under the guidance of the demonstrator, to print in his mind, by actual dissection, the form, structure, appearance, and relations of every part. In the dissecting-rooms he studies not merely the parts prepared by himself, but those of all his companions. The anatomical, physiological, and surgical relations of every part are practically demonstrated, and are repeated in a continuous course of demonstrations, so that by this most valuable part of his studies, he is not only prepared to follow the minutest details of surgery, pathology, and the higher practical branches, but is enabled to satisfy himself regarding all obscure points which may be the subject of discussion in his other classes, or in his private reading.

By thus becoming familiarized with the healthy structure and functions of the body, the best foundation is laid for the study of the diseased, and of all the practical branches connected with the morbid, condition of parts. The origin and nature of those changes of composition and texture to which every organ is liable, and which form the prelude to changes of structure more seriously affecting their functions, or altogether destroying them,—the characters by which all derangements of structure are determined and distinguished, and their effects on the functions and the whole economy,—are subjects belonging to morbid anatomy, a department which obviously tends to substitute demonstration for conjecture in the theory of disease, and to lay a solid foundation for rational practice, but one which only the discernment of our own time has recognised as a necessary and independent part of a medical curriculum. As the pathologist extends his inquiries alike to the external and internal organic derangements, his discoveries are alike important to the surgeon, the physician, and the medical jurist. This knowledge of healthy structure may teach the surgeon how to operate, but when to operate he must learn from the diseased.

The skilful administration of internal remedies or external applications can often change the internal diseased structure of an organ, and restore its healthy condition; but when the morbid part resists all such means, and must be removed, it calls for the last resources and often the boldest triumphs of the healing art. The surgeon is trained to view the living and the dead, the healthy and the diseased, with equal self-command. In the dissecting-room and the theatre he is familiarized with the use of all his instruments, and the structure of the part he is to cut. By the study of morbid anatomy he has lost all feeling of disgust at the sight of diseases the most hideous; that tyro's feeling is changed for one of a more abstract character; he sees in them only peculiar conditions of the cellular tissue, increased action of the absorbents, increased vascularity, turgescence of the veins, vitiated secretions of the capillaries, fine specimens of rare or nondescript appearances, or beautiful confirmations of some favourite theory; and that philosophic calmness is most valuable to him at the moment when death everywhere surrounds his knife, and he is endeavouring to convey all his knowledge to its point. The operations of surgery may be viewed by the physiologist as experiments on the powers of the living frame. The study of this department points out the practical utility of every part of anatomy, and also of materia medica, physiology, and other branches, and it opens to the mind prospects of usefulness, and sources of the most exalted enjoyment,—the successful performance of operations deemed impossible—the saving of a bosom friend from certain death—the restoring a valuable member to society, or a patriot to his country—the inspiring of confidence in the field of battle. As the student in the dissecting-room tests the value of the instructions received in the theatre of anatomy; so by the clinical part of surgery he is made to perceive, in the wards and theatre of the hospital, the truth of the doctrines explained in the class-room.

To the inexperienced observer half the evils that afflict our frame produce no outward sign, but the experienced physician reads in the posture of the body, the state of the breathing or the breath, the colour and expression of the face, the eyes, the tongue, the lips, the condition of the skin, the excretions, the pulse, the sound of the stethoscope, and a thousand minute circumstances, the whole progress and workings of the hidden malady. His penetrating eye sees through the body, examines each organ, ascertains the advance and the whole disposition and strength of the enemy, plans his mode of attack and the forces he is to employ, and, with the promptitude of a general trained in the field, darts on the foe at his most vulnerable part. This quick perception and interpretation of the outward signs, and ready determination of their causes, effects, and antidotes, is not the work of genius or inspiration, but the slow result of long and well-directed study and observation of all that relates to the healthy and morbid conditions of the human frame;—it is the gift of a mind developed by polite educa-

tion, stored by a liberal career of professional studies, and corrected by the careful observation of all forms of disease, and particularly of such as affect the constitution at large or the deep-seated organs. The department termed the Principles and Practice of Medicine, conveys to the student the fruits of this experience, and explains the general principles which can be with safety deduced from it, as regards the characters, the origin, the causes, the indications, the effects, the remedies, and the whole history of such diseases. Clinical medicine, like clinical surgery, is that by which the student learns at the bedside of the patient, the truth and value of the precepts and theories explained in the class-room, and is the best preliminary to his entering on the responsible duties of a physician.

Detached from physic and surgery, yet partaking of both, is the province of the accoucheur—midwifery, and the diseases of women and children—a department which involves the most intricate parts of anatomy and physiology, the nicest and the boldest operations of surgery, and the most perplexing and difficult cases of the practice of medicine. The whole uterine system, and the changes it undergoes, the phenomena of impregnation and conception, the development of the embryo, and the systems of the fœtus, the diseases of pregnancy, the difficulties of labour, and the operations required to assist it, the ambiguous maladies incident to the puerperal state, the theory and phenomena of menstruation, the critical diseases of infants and children,—are among the subjects to which the student's attention is directed in this extensive field of study and practice. Having for its subjects the fair sex and the helpless infant, it is, in study, perhaps the most gratifying department of the profession, but in practice the most trying to the heart, the mind, and the body.

The highest branch of the curriculum, the most responsible department of the profession, and one requiring the most extensive and varied attainments, is certainly medical jurisprudence; a department of modern date, closely connecting medicine with legislation, and which has arisen, like laws, from the vices of men.

The vices of Nero, Caligula, and Caracalla, have been surpassed by the refined enormities of our own days. Society, which developes the powers of man, gives refinement to vice as well as to virtue; and in proportion as vice has become more cunning, the searching law has redoubled its energies to hunt it out. Poisoning, suffocation, burning, secret wounds, starvation, torture, suicide, rape, hanging, drowning, infanticide, are among the prerogatives of our species, and the subjects of study for the medical jurist. How many a victim has sunk unheeded into the grave, and left the murderer to steal unsuspected through the rest of life! But now the carcass, gone to shreds, can be made to stand in appalling judgment against the murderer, and render him the poison, grain for grain. Medicines are poisons, and the more virulent the more valuable, in skilful hands, which can make them act like magic on the most stubborn frame; but ignorance and crime are daily administering them in mortal doses; and an intricate branch of medical jurisprudence, toxicology, is chiefly occupied with the discovery of means to detect their presence before or after death, and to counteract their virulence during life. In medical inquests on the dead body, where the life of an innocent accused is often at stake, the nicest acquaintance with morbid anatomy is often required, to distinguish the natural effects of disease or incipient decay from the consequences of recent injuries, or the morbid changes produced by poisons; and the detection of the various poisons, under such circumstances, often demands the profoundest knowledge of chemical analysis. Indeed, from the importance and the variety of the subjects which come under the cognizance of the medical jurist, he requires not only the greatest professional knowledge and experience, but great presence of mind, and candour, and a judgment clear, ready, and unbiassed.

Such are the departments taught by the medical faculty of this establishment, and to facilitate their acquisition, as well as to diminish the expense to the student, he has constant access to a medical library, containing many valuable works and plates, and to a museum of anatomy already equal to that of any medical school in the metropolis. A separate museum is formed for the departments of comparative anatomy, comparative physiology, and zoology, in which these subjects are taught. In common with all other medical schools of London, we are still destitute of a botanic garden, but the connexion of our learned professor of botany with the Horticultural Society of London fortunately enables him to prevent that deficiency from being felt. For the illustration of morbid anatomy the University possesses an immense collection of coloured drawings, executed by the professor of that department himself from actual diseases, and the most interesting parts which they represent are preserved in spirit in the Museum, together with the history of the cases; this department, which is also illus-

trated by the dissection of recent morbid parts, must be greatly increased in interest and value by the approaching opening of the hospital. Many of the professors give private practical instructions in their respective departments, which, in such complicated studies as Chemistry and Pharmacy, must be invaluable to those who can avail themselves of those advantages. The whole of the rich materials for the illustration of Materia Medica and Pharmacy, are the private property of the professor of that branch, and exhibit the splendid result of an active life especially devoted to the cultivation of this department. For the obstetrical department, the University has been so fortunate as to purchase the whole of the beautiful preparations and machinery of the late museum of Professor DAVIS. The spacious apartments for practical anatomy are conveniently placed apart from the general building, by which the students can devote themselves to that study, without the inconvenience or the risk of interruption. And every department of the curriculum is provided with whatever specimens, apparatus, instruments, drawings, diagrams, and other means of illustration, the experience of the past years has shown to be useful in communicating knowledge. Until the Hospital is completely ready for the admission of pupils, the usual duties will be performed at the University Dispensary. The Medical Society of the University, composed of students, is calculated to forward the great objects of the school, by promoting a generous emulation in study, and an agreeable interchange of knowledge, by reproving the wayward, and encouraging the good dispositions of its youthful members, by tying early bonds of friendship, which will be the means hereafter of extending their professional acquaintance, and by promoting that unanimity of sentiment and kindly feeling for the prosperity of the Institution which has ever characterised our medical students. The more diligent students have also opportunities, at the monthly evening conversations held in the museum, of conversing with their more advanced professional brethren, and with the friends of the Institution, who favour us with their company on those occasions.

With such means of instruction, and by the conscientious discharge of our several duties as teachers, our medical school, and the general establishment, without privileges or endowments of any kind, have continued to prosper, and to gain in public estimation, and, in conjunction with King's College, almost to afford the advantages of a university to this great metropolis. Indeed, the best privilege which a university can possess, is the means of teaching the greatest number of polite sciences in the most efficient manner; and, without the secure possession of these means, all adventitious privileges and dignities are absurd vanities, calculated to benefit only a few individuals, who may be protected by such privileges; to excite petty jealousies among teachers, by establishing inequalities of rank; to rouse the odium of the profession by a monopoly of privilege and an assumed superiority; and to deceive the public with a false show of stability. Here, all is harmony, all are animated with equal zeal: here a liberal council is ever watchful to curb the ambitious and protect the oppressed,—an advantage wanting in other private schools. Here no invidious distinctions have yet sown the seeds of dissension, or damped the ardour of the teacher; the enthusiasm of each in his own field of inquiry excites a kindred ardour in the youthful student; and the business of education is still an unmingled source of satisfaction and delight. Our institution is based on the most rational and solid foundation which an unendowed university could justly desire; not on monopoly or exclusive rights, which generally protect only such common-place or lucrative subjects as require no protection, and leave those higher departments of science to perish, which alone constitute the difference between a university and a private school; but on the liberality of its principles, on the congenial sentiments of an enlightened public, and on its efficiency as a school for the sciences which it professes to teach. The busy hand of reform, everywhere aiding reason against custom and power in establishing the rights of man, is nowhere more wanted than in the medical institutions of our country, to adapt them to the present improved state of the profession, and to the present wants and condition of society. The exclusive obnoxious power gradually usurped by the College of Physicians of London, is contrary to reason, justice, expediency, and public good. The system of apprenticeships to apothecaries and surgeons is a system of menial occupation, idleness, or vice; it is a remnant of the low and ignorant state of the profession in olden times; it serves only to secure pecuniary advantages and gratuitous service to a few interested men, but is ruinous to the education and character of our youths, degrading to the medical profession, and injurious to the community at large. By shortening the period of our medical curriculum in this University, in consequence of the duration of apprenticeships, we sink the value of our diploma, as a testimonial of knowledge, by one year's study, beneath

that of Edinburgh; we countenance an abuse which we ought to endeavour to remedy; and, in place of extending medical education by our new institution, we curtail its advantages beneath the existing standard, as if cheaper honours were to be more coveted. From the abuses which encumber institutions of ancient date, from the discordant interests which divide the profession, and from the injurious influence of chartered monopolies, the task of medical reform, now in progress, will be as difficult as it is important; but no period for the attempt could be more appropriate than the present age of reason. Establishing and defining the grades of our profession, organizing or reforming colleges, limiting the chartered rights of corporations, planning curricula of education, and appointing disinterested boards of examiners for the different degrees of the profession, defining the privileges of universities and of private medical schools, establishing new subdivisions of medical science, defining the qualifications of teachers, the regulating of medical patronage, are subjects which will require much deliberation and inquiry, and in which the safety of the community, and the character of the medical profession, are alike interested. The ancient divisions of medical science, as commonly taught in the schools of England, are altogether inadequate to their present advanced state, and are incompatible with their being now efficiently taught, and this affects not only the existing schools and universities, but the regulations of all chartered companies, and the whole system of medical education.

The inefficient manner in which the subjects of medical education are taught in our schools by the present system, is partly indicated by the remarkably absurd regulations of chartered companies, requiring students during the short period allotted to their academic studies, to attend several times the same course of lectures, as if several superficial courses on subjects of vast extent and importance, were equivalent to a full and detailed course given by a judicious subdivision of the subjects among distinct teachers; and these regulations emanate from those very bodies whose province it is to watch over medical education, and to take care that no course shall comprehend more than can be efficiently taught within the period prescribed for its duration.

It is only in established universities that a full and comprehensive plan of education can be maintained or expected, for they alone, in all countries, are endowed with means to ensure permanent protection and talent for the higher and less common or lucrative departments of knowledge, and to secure that subdivision of labour which the extent of the sciences demands. These advantages cannot be established in a private school, where a single teacher is compelled to undertake several distinct departments, in order to afford him adequate remuneration, and where, consequently, these departments must be inefficiently taught. The privileges of chartered corporations may prove ruinous to the best interests of our profession, if not liberalized and watched by a just and impartial government; but if the corporation of apothecaries and the corporation of surgeons are the best fitted to plan their own curriculum, and to judge of the qualifications of their own candidates for these grades of the profession, why is the corporation of physicians alone, in these respects, a name without a reality? As it is obviously the interest of every teacher to circumscribe the curriculum as much as possible within the limits of his own department, it is as injudicious to leave to them the planning of that curriculum, as it is to make them also the sole judges of the qualifications of their own pupils for the highest rank in the profession. If training the youthful mind to paths of usefulness, honour, virtue, and happiness, be the grand object of universities, it tends only to corruption to make them a mart for the traffic of distinctions, and a scene of mercenary contentions, however expedient it may be for the state to enrich them with the profits arising from the sale of honours. There can be no good reason, however, for London being behind Oxford and Cambridge in any advantages of this kind.

The foundation of a great and liberal metropolitan University, like that of the sister kingdom, would be an undertaking of vast extent, and worthy of the present liberal and enlightened age, but walls and apparatus do not constitute a university, for they can neither teach the sciences nor ensure their being taught. Indeed, it is too obvious to require remark, that these are the last and not the first requisites of a university, which is founded on pillars, not of stone or of mortar, but of learning and genius. The University of Edinburgh, so long the Athenæum of Europe, when in its glory, in the time of the Blacks, the Cullens, the Monros, the Gregorys, the Stewarts, the Playfairs, consisted, as some here may remember, chiefly of an unseemly aggregate of ancient cottages, where the light of genius shone brightest in obscurity and unadorned, and in proportion as its palace has risen, that Uni-

versity has sunk. Let us learn from experience, and let us hope that the period is not far distant when England will no longer stand alone among the nations of Europe, with its capital destitute of such a stable seminary, to extend the blessings of useful knowledge and polite learning to its vast population; and when that period shall arrive, the founders of this noble institution will see the object of their disinterested ambition realized, and will have the glory of having given the first impulse to an undertaking the most beneficial to their country and to mankind.

Curriculum of Medical studies, proposed by the Faculty of Medicine, for the Diploma of "MASTER IN MEDICINE AND SURGERY OF THE UNIVERSITY OF LONDON." 1832.

Human Anatomy and Physiology.
Chemistry.
Comparative Anatomy.
Botany.
Materia Medica and Therapeutics.
Practical Anatomy.
Morbid Anatomy.
Surgery and Clinical Surgery.
Practice of Medicine and Clinical Medicine.
Midwifery and the Diseases of Women and Children.
Medical Jurisprudence.
Hospital Attendance.

LECTURES ON SURGERY,

DELIVERED BY

MR. WARDROP.

THE CLASSIFICATION OF DISEASES.

Importance of Classification.—Order, a faculty of the Mind.—Its early application in Natural History.—The first Classifications of Diseases.—The Nosological Systems of Plater, Sauvages, Linnæus, and Cullen.—Anomalies and Imperfections of those Systems.—Advancement of Nosology by the cultivation of Anatomy.—Successful labours of Hunter and Bichat.—General Anatomy the true basis of the Classification of Diseases.—This mode of Classification illustrated.

BEFORE entering on the consideration of particular diseases, it is important to be made acquainted with the modes by which they have been arranged—with nosological classification. It is knowledge, when thus methodized and reduced into a system, which constitutes what is properly meant by the term "science," and the more perfect that system is, the more easily will it be understood, taught, and remembered.

A nosological system, or a classification of diseases, becomes, therefore, a subject of deep interest; because, when fully explained, it is the means of greatly facilitating and abbreviating the labour necessary to acquire a comprehensive knowledge of medical science.

The tables of diseases, however, in all systems of nosology which have hitherto been contrived, are so extensive, that there is something repulsive in undertaking the elaborate task of obtaining a knowledge of the various classes, genera, and species, in which diseases have been arranged. At the same time it must be admitted, that some system is as indispensably necessary in the study of medicine, as in that of botany or any other branch of natural history. Suppose a person, unacquainted with diseases, to have placed before him a hundred sick, afflicted with a variety of ailments, would not his first endeavour be to compare and group together in his own mind, those cases which seem to have some resemblance? And how much would his labour be shortened, if such a classification had been previously made, and that if those diseases which had certain analogies to one another, had been already collected and methodically placed together?

Order, a faculty of the Mind.—You may observe that there is in man a love of order or arrangement, commencing at the very dawn of reason; indeed, even when the intellectual powers have scarcely awoke, the child begins to select and arrange such material objects as happen to be within his reach. He places bodies together which are of the same form, and collects into one place objects of the same colour or of the same size. This faculty seems intended for the wisest purposes, and though observed throughout the animal creation, yet it is bestowed on man in a pre-eminent degree.

It is this faculty which, when his intellect has advanced to maturity, enables him to divide, methodise, and classify, the various objects around him; whilst it is also one of the most important of our mental powers in transacting what is usually called "the business of life." It is, indeed, of such importance in the operations of mind, that phrenologists have attributed to it a particular organ, situated in the anterior lobe of the brain, corresponding with the extremity of the superciliary ridge. "Order," too, says the poet, "is Heaven's first law."

Early Application of Order in Natural History.—By placing together things that have certain resemblances to one another, and becoming acquainted with such resemblances, the memory is greatly assisted in retaining the impression of each object, whilst at the same time the mind is more easily enabled to contemplate the grand system of nature as a whole. Thus man, even in his rudest state, must, to a certain extent, have methodized the numerous objects around him; he must have been struck with one tribe of animals walking about on the surface of the earth—with another flying in the air—with a third dwelling in the waters; and, above all, his mind must have been arrested with the striking difference between the living and the dead—between organised and inorganised bodies. This germ of classification could, however, have become more and more developed only as the knowledge of natural objects became more extended. If the mind were directed to the animal kingdom, it is easy to conceive how progressively man must have been led to observe, not only that there were birds, and beasts, and fishes; but that there were distinct tribes of each of these classes of beings; that some birds lived chiefly in the air, inhabited the highest trees or the loftiest mountains; that others frequented only marshy grounds or swam in rivers; that some fishes crawled and some swam; that some beasts were carnivorous, devouring one another, that others were harmless, and lived on the fruits of the earth. He must also have been struck with the peculiar forms of organs which the different tribes of animals possessed, to befit each for the peculiar modes of life. Thus in natural history an order or arrangement, however imperfect, must have accompanied the very dawn of knowledge.

It is easy to trace how this system of arranging the various objects of nature, must have been at a very early period introduced into medicine.

First Classifications of Diseases.—Even in the rudest ages certain resemblances must have been perceived, in the characters of many of the diseases of the human body.

It was natural that those of the skin, merely from their situation, should have been compared and classed together; that a similar arrangement must have been made with the different diseases of the nerves, of the bloodvessels, and of the bones; and also that the diseases of particular parts or regions, such as those of the head, chest, or abdomen, or of particular organs, such as the kidneys, liver, eyes, and ears, should have been arranged together; and thus the basis formed of a system o nosology.

It was long, however, before medicine could be said to have assumed a rank amongst the sciences, and the earlier writers could not be expected to have devised anything like a very accurate or comprehensive classification.

Had medical men devoted themselves to making observations and collecting facts, perhaps nosology would have made more rapid advancement; instead of which medicine became fettered by false theories and hypotheses, and classes of diseases were formed from erroneous notions of their nature; of the seat of the diseased parts, or of their supposed causes.

Nosological Systems of Plater, Sauvages, Linnæus, and Cullen.—Felix Plater, a Swiss, made the first attempt to form a classification of diseases; and as his work tended to direct the mind from the arbitrary methods which had been previously pursued, its utility was such as to cause it to be very generally taught in the schools, until another system of classification was published by Sauvages.

The classification of Sauvages was afterwards almost universally adopted, until another new arrangement of diseases was proposed by the celebrated Linnæus.

Immediately afterwards another new system was formed by Vogel, of Goettingen; and, finally, Cullen published his System of Nosology, which with some, and these often trivial, alterations, has since been very generally adopted in the different medical schools, both in this country and on the continent of Europe.

These systems, however, all differed as to the principles on which the classification of diseases should be founded. They arranged some diseases according to the particular function of the diseased organ; in other instances the diseases of each organ were classed together; in others, diseases were arranged according to the region or part of the body where the affected organ was situated. Diseases were also classed together according to some opinion of their nature, or of the agent supposed to have produced them; classes of diseases were likewise made from some common external or internal character; and diseases were also divided into those situated in the external, and those in the internal parts of the body.

Of the first mode of arranging diseases, or of classifying them according to the functions of the diseased organs, examples are given in the diseases of the organs of digestion, of those of the organs of respiration, and of the urinary organs, &c. There is an example of the classification of the diseases of particular organs in

those systems where the diseases of the lungs, of the stomach, of the uterus, ovaria, testicles, &c., are separately treated of.

Those who have classed the diseases of the head, the chest, and abdomen together, afford instances of an attempt to arrange diseases from their position, or the region of the body in which they are situated; and the classes of miasmata, profluvia, contagiosa, &c., have been formed from some supposed knowledge of their causes, while the class of tumours has been grouped merely from a similarity of outward appearances, such as that of external swelling.

Anomalies and Imperfections of these Systems.—All these artificial arrangements were certainly very imperfect, and brought together into the same class, order, and genus, diseases which have no analogy with one another.

Thus, under the class of diseases of the organs of digestion, were comprehended, peritonitis, dyspepsia, cancer of the stomach, diarrhœa, and constipation. Under the class of diseases of particular organs, as of the lungs, were placed pneumonia, asthma, phthisis, and a variety of different tubercles. In the class of the diseases formed from relative situation, as that of the head, we have diseases of the dura mater and cranium, hydrocephalus, and the various tumours of the brain. Under the class of diseases supposed to arise from the same causes, or of the same nature, we find scarlet-fever, plague, hooping-cough, dysenteries. And under those classes which have one common character or external symptom, as tumores, there are included encysted tumours, cancerous, scrofulous, osseous, and other swellings. I need not here allude to the divisions of diseases into external and internal, or "medical" and "surgical," for there is no nosologist who has even attempted so unphilosophical a task.

However imperfect these different systems of nosology may have been, yet they still served the important purpose of exciting the attention of medical men to compare diseases, to find out analogies or resemblances amongst some of them, and, in many instances, to establish general principles for their treatment.

On the other hand these classifications were sometimes prejudicial, because they attempted to group together and to apply general principles of treatment to diseases totally different from one another.

Advancement in Nosology, and Cultivation of Anatomy.—In all the natural sciences, the advantages of classification have been universally admitted, and in proportion as mineralogy, botany, and other branches of human knowledge, have advanced, so have the arrangements and classifications of their multiplied objects been corrected and made more perfect. Hence, not only have the objects of these sciences been promoted, but the means of acquiring a knowledge of them has been incalculably facilitated.

Since the time of the illustrious Cullen, who may be considered as the last author who has attempted to form a complete system of nosology, the science of medicine has made rapid and important advancements.

The zeal for researches in pathological anatomy, which was kindled in this country by the Hunters, and so admirably pursued by Baillie, together with the enlightened views which Bichat afterwards gave of "General Anatomy," and its application to the philosophical investigation of diseases, have not only contributed essentially to the advancement of pathological science, but have, in my opinion, opened an extensive field for the improvement of a methodical nosology. Pinel, indeed, directed the attention of anatomists to the advantages likely to follow from the study of the structure of those primary textures which enter into the composition of the organs, and his *Nosographie Philosophique* may be considered as having suggested to Bichat some of those luminous general views which he has so fully and beautifully pursued in his *Anatomie Générale*.

It is clear that Bichat himself foresaw the influence which the general views he had given of the natural structure of the human body would ultimately exercise in the investigation of diseases; and had he lived, it is probable that he would have pursued pathological anatomy with as much zeal and success as he had manifested in investigating the natural structure, and that his researches would have led him to form a new arrangement of diseases. For many years past I have been employed in making out extended tables of nosology on the principle of general anatomy; indeed so far back as the year 1808, I adopted this method of classification in my work on the "Morbid Anatomy of the Eye," and also followed the same system in compiling the article *Suryery* in the Encyclopædia Britannica.

Anatomy had been for a long time considered as merely a knowledge of the relative position, form, and situation, of the various organs; and when the body was divided into districts or regions, every organ must have then been viewed as insulated; the most minute parts might have been observed, but their mutual connexion and sympathy could not

have been known. Aanatomy was then imperfect, and physiology could scarcely be said to exist. But a more minute examination of the structure of the different organs led to a more accurate knowledge of their functions, and pointed out the principles which should regulate the investigation of every rational physiologist.

Anatomists became now no longer contented with a view of the mere relative situation and structure of particular parts, or particular organs; but they analysed the whole of the human frame into those primary or original materials of which all its parts are formed. By the term "original materials," is not meant the chemical elementary particles which enter into the composition of organised bodies, but merely those textures or tissues which are found entering into the various organs, and which are composed of the same materials, and perform the same functions, in whatever part of the body they are examined.

To Bichat we are chiefly indebted for having explored this field; and his *Anatomie Générale* is justly considered one of the most remarkable productions which has ever appeared in medical science; having not only laid the foundation of a new anatomy and a new physiology, but pointed out a new mode of investigating diseases.

☞ *Labours of Hunter and Bichat.*—Most of the organs of the body are made up of a variety of elementary parts or textures, each of which, whatever be its situation, affords uniformly the same physical properties. Now it is these textures, which by the diversity of their combination produce all the modifications of structure exhibited in the different organs, and it is the study of these textures, unconnected and independent of the particular organs wherein they occur, which is the object of "General Anatomy."

This method of analyzing the natural structure of organised bodies may no doubt be observed in the works of many of the older anatomists, but for its introduction as a *system* we are entirely indebted to Bichat. It may be traced in many of the ingenious physiological theories of John Hunter, and whatever appearance of originality there may be in Bichat's works, it is not to be denied that he must have derived important hints from the previous labours of Hunter.

From the obscurity of style in Hunter's writings, it is not however unlikely that Bichat obtained much less information from them than might at first sight be supposed, and I have reason to believe, from an interesting conversation I once had with a particular friend and companion of Bichat, that he worked alone, and that the numerous volumes he has published, are to be chiefly considered as the fruit and industry of his own ingenious and comprehensive mind.

And if any one will compare the characters of these two men, Hunter and Bichat, it is interesting to mark how in many instances they seemed to have had the same objects before them for their contemplation, whilst they followed very different roads to reach them.

Hunter possessed a mind wonderfully acute in observation; nothing seemed to escape his penetrating eye; but the various phenomena he was thus enabled to perceive, he had not the power to arrange and classify, and so to generalise as to be able to explain them in his writings distinctly to others. It is thus that many parts of his works are even unintelligible, unless to those who have already become acquainted with the subject discussed.

If, therefore, the English reader finds this difficulty, how much greater must Bichat's have been, in order to have derived a correct knowledge of Hunter's views!

Bichat, on the other hand, whilst he seems to have possessed acute and accurate powers of observation, had likewise in an eminent degree the faculty of arranging and combining facts, and of arriving at general conclusions, whilst he also possessed a facility in communicating his knowledge to others in the most simple and intelligible manner.

In judging, therefore, of the merits of Bichat, let us not attempt to strip him of his originality, because a hint more or less obscure may be found in the writings of John Hunter.

It is, indeed, impossible to contemplate anything more interesting in medical history than the lives and writings of these two extraordinary men. Hunter lived upwards of sixty years, and if you look at his works and his museum, you cannot help being amazed at his prodigious industry, and admiring the extent to which he advanced many parts of medical science.

Bichat, however, died when only thirty-three years of age, and his four volumes on general anatomy,—the four on descriptive anatomy, his book on the membranes, and his book on life and death, have left a most splendid monument of human industry and genius.

It has already been mentioned, that the simple analysis or division of the human body into its elementary parts, must be considered as the ground-work of all pathological as well as anatomical investigations. Now, in order to establish the character of these elementary textures,

Bichat employed various modes of inquiry. He performed numerous experiments on living animals,—persevered in tedious and minute dissections,—employed chemical reagents to supply the place of the knife,—and he minutely examined every morbid structure.

Having by these means traced the character of each different texture, he next proceeded to investigate their various combinations, as these are met with in different organs. Of these textures, he enumerated twenty-one, each of which he showed to be differently organised, and hence the dissimilarity which he pointed out in their properties, both of health as well as in a state of disease. It is this division of textures which forms the groundwork of the whole fabric, and to which we must ultimately refer in every attempt to account either for the natural or morbid appearances which are to be found throughout the whole body.

General Anatomy the true Basis of the Classification of Diseases.—The advantages of this mode of investigating diseases must, I think, be at once obvious. We learn from it that diseases, at their commencement at least, are always confined to one of the textures of an organ, whilst the other textures remain sound, nor is there any organ from which this important truth may not be deduced. It may be illustrated by examining the diseases of the mucous, serous, and muscular textures, which compose the stomach and alimentary canal; in the lungs, by comparing the different affections of their cellular texture, the mucous membrane of the bronchi and the serous membrane or pleura, covering the lungs, and so with every other organ.

The symptoms accompanying morbid changes are likewise found to be alike in the same texture in whatever organ of the body the particular texture may be traced. Thus, diseases of the serous membranes which invest the lungs, the brain, the heart, and the abdominal viscera, have one common character. So also have the diseases of the mucous membranes, whether they are traced in the mouth, the nose, lungs, vagina, urethra, or eye. It ought also to be noticed, that besides those symptoms which are common to all parts of similar structure, there are others which arise from, or are determined by, the particular function of the organ in which the disease exists. For instance, when any serous membrane is inflamed, the nature of the pain,—the state of the pulse,—the degree of fever, the duration of the symptoms, are the same in whichsoever of these membranes the inflammation may have taken place.

But to all these symptoms are superadded difficulty of breathing and cough, when the serous membrane of the lungs or pleura is affected. Constipation, strangury, delirium, when either the peritoneum or membranes of the brain are inflamed.

The first class of these symptoms may be considered general, and as characterizing disease of a whole genus of textures. The second may be considered in a manner accessory, as they depend on the relative situation or the particular function of the organ into the composition or structure of which the affected texture enters.

The general principles which have now been stated, admirably account for the phenomena of some diseases, as well as for some of the sympathies which subsist between different parts of the body. But there are disorders which advance in a different manner, as, for instance, those usually termed "chronic," where several or even all the textures of an organ become gradually changed, although the primary affection was limited to *one* of the component textures. This observation may be often illustrated in cancer, scrofula, syphilis, and many other diseases. When cancer affects the mammæ, it is observed, at the commencement, confined to a small portion of that gland, but if it be allowed to advance, it ultimately involves not only the whole mammary gland, but also the adjacent cellular, cutaneous, muscular, and even osseous textures, in one common mass of disease.

The foregoing observations will, I hope, be sufficient to explain the important purposes for which general anatomy may be employed in the investigation of the various morbid alterations of structure. And it appears to me, that such is the advanced state of anatomical knowledge, that we are prepared to pursue the same method in arranging the *diseased*, as has been so successfully followed in the arrangement of the *natural* structures; that the morbid changes of each texture may be grouped together, each forming a distinct *class* of diseases.

This mode of Classification illustrated.—Nothing, indeed, seems more legitimate than this mode of arrangement. The first step, in order to become acquainted with the diseased structure, undoubtedly, is to know the state of healthy structure; why, then, should not the same method of classification be adopted for both? Anatomy and pathology cannot be disunited, nor can a knowledge of the latter be acquired without a previous acquaintance with the other.

No one ever pretended to possess a

knowledge of a diseased structure, without having first acquired a knowledge of the natural organization of the diseased part; the acquaintance with the diseased structure has often even been the means of detecting minute points in the sound structure. There cannot be a doubt that Bichat was led to many of his enlightened anatomical views from observing the phenomena of disease.

It has already been remarked, that we have been long accustomed to see arranged in this manner the diseases of the skin, of the nerves, of the bones, of the absorbents, of the arteries, of the veins, of the cellular and muscular textures. And why should not the same method be also applied in arranging those of what modern anatomists have discriminated to be other elementary textures? If you observe the membrane lining the nose, the eyelids, the lungs, the alimentary canal, and the urethra when inflamed, each discharing a puriform fluid, and never adhering one part to another; and if, on the other hand, in place of puriform fluid, a quantity of coagulable lymph be effused on the inflamed surface of the pleura, peritoneum, and vaginal coat, with adhesions formed between their opposite surfaces, would not that point out an analogy or similarity of natural structure and function? And if this analogy be observed in the diseases of each of these two membranes, is it not legitimate that a similar method should be employed for the arrangement of their diseases?

In investigating diseases, according to the elementary textures, we have, however, gained only one step; for it is evident, that the subordinate parts composing the different textures, each, more or less, participates in the disease. Thus, in diseases of the mucous system, not only do the cellular membrane and mucous glands become each separately and singly affected, but the nervous system, or the vascular system, may each be the seat of disease in the mucous texture. Disease, therefore, cannot be considered merely local; there must always be a plurality of parts affected. Thus the nerves of a part or organ may be first excited, afterwards the action of the bloodvessels may be increased or altered in some way or other, and then the absorbent system is affected.

For the *treatment* of diseases, such a system of classification is equally advantageous, and points out the only true road to a knowledge of therapeutics. The remedies which have a direct influence on each system, such as those which influence the brain and nerves, the heart and arteries, the cuticular and mucous systems, become all naturally grouped together, according to this mode of classification.

If the diseases of each of the elementary textures be thus made to form a *class*, there is not any particular disease, the pathology of which has been successfully explored, for which a place cannot be at once found in such a classification.

As an arrangement calculated to facilitate and shorten the path for acquiring a knowledge of diseases, you may have ample opportunities of being convinced. In its practical application, instead of being necessary to enter into a minute detail of the morbid appearances of a particular texture in each organ or different regions, it is only requisite to give a general account of the changes occurring in the differferent textures separately, and thus, when you have acquired a knowledge of the various diseases of all the textures, and wish to become acquainted with the diseases of any particular organ, you have only to consider what are the natural textures which belong to that organ, and transfer or apply the knowledge you have already acquired of the diseases of the different elementary textures which enter into its composition.

If, for example, you wish to consider the disease called polypus, and are told that it is a disease of the mucous membranes, receive an accurate account of the various kinds or species of polypi which grow on these membranes, and are also informed that such tumours are formed in the nose, pharynx, in the gullet, stomach, and intestinal canal, in the bladder and uterus; when you wish to become acquainted with the disease called polypus, in any one of these parts, in addition to the general account of polypi which you have learnt, you have only further to inquire into any particular symptom of the disease, when it grows in any of the abovementioned organs; whereas, if you look into systematic works, you will find, under diseases of the nose, a more or less elaborate description of polypi of that part, then under the diseases of the gullet, stomach, intestinal canal, bladder, and uterus, a repetition of the same thing respecting the disease in each of these parts.

Having premised these general remarks on the classification of diseases, I shall next proceed to consider those belonging to each class separately; commencing with diseases of the "Vascular System," not only on account of their importance and variety, but also from their frequent occurrence and constant implication, more or less, in almost all the affections of the other systems.

CLINICAL LECTURES ON SURGERY,

DELIVERED AT THE

HOTEL DIEU, PARIS,

BY

M. LE BARON DUPUYTREN,

During the present Session, 1833.

[Revised (before translation) by the Baron himself in the fasciculi of his "Leçons Orales de Clinique Chirurgicale," published periodically by G. Bailliere, Paris.]

ON AMPUTATION AND RESECTION OF THE LOWER JAW.

THERE are, Gentlemen, cases frequently to be met with in our hospitals, of which the following is not an exaggerated picture:—A frightful cancer has destroyed one lip and attacked the bone, which is extensively diseased or destroyed; the disease continually advances, in spite of the resources of art, and the patient seems devoted to a certain death, and is a prey to the most cruel pain, and his hideous appearance renders him an object of disgust to himself and his fellow men; but from such a state of suffering, so deplorable and dangerous, he may be rescued and restored to society, by an operation which, though severe in itself, has been frequently practised with success since the first time it was employed by me in the year 1812. It may not be uninteresting to detail to you the history of this case, as it is, I believe, the first example on record of resection of the lower jaw.

Case and Operation.

Lesier, a cabriolet driver, had experienced, so far back as 1797, dull pains in the lower jaw; after a short time the left small molar tooth became loose and fell out, and the cavity was filled with a fungous excrescence which shot up rapidly from the bottom of the alveolus. This tumour, though frequently touched with the actual cautery, always grew up more abundant and painful than before; at last it degenerated into true carcinoma, and when the patient, after much hesitation, decided on entering the hospital in 1812, and submitting to an operation, we found him in the following state:—The cancerous tumour extended from the canine tooth on the right side to the left branch of the jaw-bone; the base of the tongue was pushed backward, a disgusting fetid sanies was constantly discharged from the tumour; the lower jaw-bone was three times its natural size, and the sarcoma penetrated deeply into its substance, which was partly disorganised. The tumour, of a red colour, mixed here and there with white, obliterated, and projected beyond the opening of the mouth, keeping the lower jaw-bone as much depressed as the articulation would permit it to be; it formed on three elevations, one of which projected through the dental arches; the others protruded under the right and left cheeks; nourishment could only be administered by drawing aside the right commissure of the lips with the finger; respiration was difficult, the voice indistinct, mastication nearly impossible, and there was an abundant discharge of saliva from the mouth; however, the appetite remained good, the cervical glands were not enlarged, and the excellent constitution of the patient removed any fear which might be attached to a slow fever that never quitted him.

A purgative was administered on the 28th, and I proceeded to operate on the 30th of November in presence of M. BRESCHET and several other surgeons. It is right to notice here, that the patient had the imprudence to drink a pint and a half of wine in the morning to give himself some courage and strength.

He was placed on a chair and supported there, as in the operation for cataract. The labial arteries were compressed against the branches of the maxillary bone by an assistant. The surgeon, standing in front of the patient, seized with the left-hand the right portion of the lower lip, while another assistant made extension on the opposite side of the mouth. An incision was now made through the middle of the lip, nearly down to the os hyoides; the two flaps were then dissected off on either side from the tumour; the labial arteries, lying in the substance of the muscles, were easily avoided, and the flaps being held on one side by an assistant, room was obtained to divide the periosteum. When the bone was sufficiently exposed, it was divided, on either side, with a common saw, at about an inch from its angles. Up to this period of the operation, only a few drops of blood were lost; but when the muscles attached to the genoid process, and along the mylo-hyoidean line, were divided by a curved knife, certain arteries, which had become enlarged in consequence of the disease, were necessarily cut through; however, the hemorrhage was not so violent as we had expected; the fingers of the operator, and an assistant, placed on the submental and lingual branches, suspended the effusion of blood, and the carcinomatous tumour, with the bone, was removed. The patient fainted immediately after the operation. The trunk of the submental artery was tied,

and the bottom of the wound was repeatedly touched with an iron heated to a white heat. As no hemorrhage took place after the circulation began to recover itself, some charpie was placed on each stump of bone, and the flaps were brought together. In order to facilitate the discharge of the pus, a wick of cotton was placed in the lower part of the wound, near the os hyoides; the external surface of the wound was covered with lint and compresses, and the apparatus supported by a bandage passing under the chin. At this moment a fresh hemorrhage came on; we were compelled to remove the dressing, and apply the actual cautery a second time, which arrested the bleeding; the parts removed weighed a pound and a half. The bone was affected with exostosis, caries, necrosis, and was softened in several places. The fungous mass, which penetrated deeply into its substance, was hard, fibrous, and crepitating under the scalpel; it presented several points of ulceration, underneath which the tissue was softened and lardaceous.

This severe operation was followed by very slight accidents; some portion of the dressing was removed on the fifth day, when we found the flaps perfectly united, where they had been brought into contact; the pain and swelling were inconsiderable; an abundant discharge of mixed pus and saliva took place from the inferior angle of the wound, which assumed, every day, a more favourable aspect. On the fifteenth day the eschars were detached, the patient had perfectly recovered his appetite, and the system was quite tranquil. Vascular granulations, of a healthy appearance, now shot up from the bottom of the sore, the suppuration diminished, the artificial fistula closed, and the wound rapidly healed. On the twenty-seventh day Lesier was able to drive one of his cabriolets; on the thirtieth two small portions of bone came away, and fifteen days after the cure was complete.

We now saw, not without some astonishment and much pleasure, that but little trace of the loss of substance remained; the patient could breathe, speak, and swallow, with facility; the contracted tissues became hard; the two stumps of the jaw-bone were drawn close to one another, and formed a kind of chin, which helped to prevent, in a great measure, any deformity; and now, twenty-one years after the operation, M. Lesier continues to enjoy the best health.

Reproduction of the Lower Jaw.

A few considerations on this case will serve to show you, briefly, what were the considerations which induced me to attempt this new operation; the affections which indicate its necessity, the manner of operating, and the various methods which must be employed, according to the portion of the jaw which we have to remove; and, finally, the accidents which may come on after the operation.

Gun-shot wounds, accompanied by comminuted fracture, have, for a long time, proved, that a large portion, or even nearly the whole, of the lower jaw, may be destroyed, without implicating the life of the individual. M. Larrey speaks of a soldier, whose lower jaw was almost totally carried away, and who still survives. We may see several analogous cases at the Invalides. In other cases, certain diseases, as caries, necrosis, &c., have often destroyed a greater or less part of the bone, yet the patients have recovered without much deformity. Guernery relates a remarkable example which occurred at Bicetre; the whole lower jaw exfoliated, and was again so far reproduced as to permit mastication. Boyer relates a case in which the whole lower jaw was torn away by the wheel of a mill, yet the patient survived. However, these observations, which demonstrate how readily loss of substance is repaired in this part of the body, and, in general, without any remarkable accidents, remained without any practical application, until the case which I have just related to you, gave me an opportunity of confirming them, by artificially removing the bone.

Osteo sarcoma of the Jaw.—Amputation.

The various affections, whose nature and progress may require the amputation of the lower jaw, are fungus hæmatodes, cancer, spina ventosa, and osteo sarcoma. This latter disease is one for which, up to the present day, the operation has been most frequently performed; it therefore seems useful to give you some details on its development in this part of the body, and the symptoms which accompany it. Sometimes it results from the extension of a cancerous affection from the lip to the gum, and thence to the bone; at other times it results from the cancerous degeneration of a tumour (*epulis*), which affects the tissues of the bone. If the osteo sarcoma be primitive, it remains for a long time confined to the bone, and may acquire a very considerable volume before the tissue of the gum and lip is affected. In this case it presents itself under two principal forms; in one, the disease consists in cancerous fungi, red, and easily bleeding, which spring up from the substance of the bone, where often the affection is superficial; in the second form the

disease commences in the centre of the bone, which assumes a fleshy appearance, and is enlarged in its whole thickness. Most of these tumours acquire so considerable a volume, that they give rise to excessive deformity; the teeth, loosened and displaced, seem planted here and there in the tumour. The jaws cannot be brought together; the lip, stretched tightly over the tumour, is unable to keep in the saliva, which in consequence flows away continually; however, we may remark, that most of these tumours do not ulcerate and pass into a cancerous state, until a very late period.

This fact induces me to believe, that certain diseases, which are nothing but varieties of spina ventosa, are frequently treated as osteo sarcoma; and I am the more inclined to this opinion, because often, on touching the circumference of the tumour, we feel a fine osseous plate under the mucous membrane, which produces a sound analogous to parchment when it is crumpled. However, as the same treatment is applicable to both diseases, their distinction is only important on the score of diagnosis, a relapse being much less likely to occur in cases of spina ventosa than of cancer.

All these varieties of cancer affecting the lower jaw-bone, require a surgical operation for their removal; but we can readily conceive that this operation must vary according to the case; thus, if the disease be limited to the alveolar processes, it is merely necessary to move the fungous mass, and then cut away the edge of the bone, either with a strong knife, bone-nippers, or a file. If it affects the surface of the bone, we may be content with scraping the surface, after having extirpated the soft parts, and in both cases, whenever the osseous tissue presents the least suspicious appearance, it will be right to apply a hot iron on the exposed surface, in order to remove the disease radically. But when the disease includes the whole thickness of the bone, a more severe operation becomes necessary. We have no resource left but to amputate every particle of the diseased bone.

The Lecturer's mode of Operating.

It now remains to describe the method of operating which I prefer. The patient is to be placed facing the light, with the feet resting on a stool, that he may have less power to struggle. An assistant stands behind, and supports his head on his chest; he is also charged with the duty of compressing the external maxillary arteries on the angle of the jaw, in case of necessity. The surgeon, placed in front of the patient and to the right side, seizes with his left hand the right portion of the lower lip, while an assistant keeps the opposite side in a state of tension. With a convex bistoury he now divides the lower lip completely through on the median line. The incision is first carried as low as the base of the jaw-bone, and when he has ascertained with his left index finger the prominence of the os hyoides, he divides the skin and cellular tissue to that point. The two flaps resulting from this incision are to be dissected on either side, as close to the bone as possible, in order to avoid the labial arteries, and the extent of the disease will of course determine the quantity of flap to be raised. The flaps are now intrusted to the care of the assistants, and the periosteum divided at the points where the bone is to be cut through. As soon as the limits of the diseased bone have been well ascertained, the corresponding tooth on either side is to be drawn, in order to facilitate the action of the saw. At this period of the operation, the surgeon, armed with a fine hard saw, passes behind the patient; in this position the section of the bone is more easy, whereas if he remain in front of the patient, the extremity of the saw constantly strikes against the roof of the palate, and renders the section of the bone much more difficult. The upper lip and nose should be protected with a card, or any convenient substance. When the bone has been sawn through, the surgeon resumes his place before the patient, seizes it with the left-hand, and divides all the soft parts attached to the bone on the inner side, with a straight bistoury, whilst an assistant takes care to push aside the tongue with a spatula.

The operation being now completed, the vessels are tied, the portions of bone and flaps are brought together, and the latter are united by suture, always taking care to leave sufficient space at the lower angle of the wound to place a small bit of lint, in order to favour the discharge of the pus. Should the longitudinal incision be too small on account of the great extent of the disease, it may be made crucial by a second one passing along the base of the bone. When the portion of bone to be removed is small, it may be sawn perpendicularly, but when the resection is extensive, it is advantageous to divide it more or less obliquely, in order to favour the approximation of the fragments. In every case we can obtain a solid *point d'appui* by placing the lower jaw-bone against the upper, at least at the commencement of the section. The submental, lingual, and labial arteries, generally give little blood. They may be compressed by the fingers of an assistant, or may be tied as they are

divided. Sometimes, however, they are much enlarged in consequence of the disease, and bleed considerably: here the actual cautery may be applied. If the dental artery be the one which bleeds, it may be plugged with a small portion of soft wax.

The operation which I have just described is only applicable to cases where the disease has commenced in the maxillary bone, or on one of its sides, and when the soft parts are healthy, as in the case of M. Lesier; but if the cancer have originated in the soft parts and then attacked the bone, after having affected the lip and chin, we must commence by extirpating the diseased soft parts; for this purpose two incisions are made on either side of the lower lip and continued downward near the os hyoides, comprising in a sort of V all the diseased portion. Some surgeons recommend us to divide completely the attachments of the tongue and the other tissues fixed to the inner side of the bone, before we commence the process of sawing; but nothing can justify this method, which may be attended with dangerous inconveniences; it renders the operation longer, and if, during this division, any important vessels are opened, abundant hemorrhage may take place, which may reduce the patient extremely before it can be arrested. In order to avoid lacerating with the saw the soft parts attached to the inner surface of the bone, it is only necessary to work the instrument somewhat more slowly, just as the section of the bone is about to be completed. Besides, this accident is much less formidable than people imagine. It is impossible to avoid the laceration of the inferior dental nerve, yet this laceration does not produce any accident. Finally, as the adjacent tissues generally participate in the disease, and must be removed, it is of little consequence if they be touched now and then with the saw.

Fungus Hæmatodes of the lower Jaw.—Difficult Diagnosis.—Amputation.

The following is a case of amputation of the lower jaw practised for a fungus hæmatodes, which was developed in the thickness of the bone, and which possesses some interest on account of the difficulties of the diagnosis.

A young girl, 14 years of age, entered the Hôtel Dieu on the 1st of August, 1829: she had behind the lower lip a tumour which projected considerably forwards, in front and beneath the tongue; it was of six months growth, and had never produced any severe pain. When the mouth was opened, and the lower lip turned down, the canine teeth were seen forced backwards, vaccilating and loose, as they were only fixed in soft wax. The gums were elevated by the tumour, and we could perceive beneath them inegalities of a deepred colour; the same disposition existed in the luccal surface of the bone; on the sides the disease seemed to extend as far as the first molar tooth. When two opposite points of the jaw-bone were seized between the fingers, as we commonly do to ascertain crepitation in cases of fracture, a very slight mobility was felt; but one symptom which, joined to the colour and form of the tumour, left little doubt on my mind, was a sense of fluctuation which we could produce at pleasure by pressing alternately from behind forwards, and *vice versa*.

I had frequently observed this symptom in alterations known under the name of fungus hæmatodes; but it is often extremely difficult to distinguish an apparent from a true fluctuation.

To remove all doubt on this head I had recourse to a means which I have frequently employed with advantage in a variety of cases. An *explorative puncture* was practised on the posterior part of the tumour, behind the teeth; it gave issue merely to a little blood somewhat less ruddy than arterial, but not so dark as venous blood; not a drop of pus was discharged. It thus became clear that the enlargement of the bone did not depend on the presence of a deep-seated abscess, and we acquired the certainty of the disease being fungus hæmatodes.

An operation was decided on as the only remedy, and offering many chances of success, for the glands at the base of the jaw were not enlarged, the skin covering the chin was quite healthy, and the girl, although a little emaciated, did not seem to be affected by any internal complaint. The operation was performed on the 22nd of August. I shall only relate to you the principal circumstances.

We commenced by removing the first right molar and left canine teeth. After making a vertical incision on the median line, the periosteum was divided with a bistoury; in dividing the bone on the right side we perceived that the saw penetrated with great facility, and did not give the least sound when worked; hence we concluded the instrument had been applied to a diseased portion of the bone, and felt much regret that the section had not been commenced over the second molar tooth. After the section of the bone, the division of the soft parts attached to it, the ligature of the vessels, and the application of the actual cautery, the edges of the wound were brought together by four sutures, and the patient was carried to bed; it is unnecessary to mention, that every par-

ticle which seemed diseased had been carefully removed.

The operation was not followed by any accident; the needles were removed on the sixth day, and the cure was soon completed, for the young patient left the hospital on the 10th of September; that is, 19 days after the operation. The examination of the parts removed confirmed the diagnosis which we had formed. The tumour developed in the spongy tissue of the maxillary bone had pushed backwards and forwards the two plates of compact tissue which form its surfaces. It had formed a remarkable separation, on the median line, between the two lateral portions of the bone. It was about the size of a small hen-egg, of a dark-red colour, like the tissue of the spleen, was gorged with blood, and penetrated in a great number of directions by fibrous bands. Before cutting into the tumour, we assured ourselves of the source of fluctuation before noticed.

Treatment and Accidents after Operation.

When the bone has been removed in the operation, the surgeon's next duty is to arrest the hemorrhage, and to dress the wound in a proper manner. Any vessel that can be seized must be tied, and if, as almost always occurs, the blood still continues to flow, the actual cautery must be applied. I have always made it my practice to apply this quick and certain method of arresting the oozing of blood which takes place from several points at the same time; as to the manner of dressing, it consists, in the first instance, in bringing together the two fragments of the maxillary bone whenever the loss of substance is not considerable. This approximation, we may remark, takes place spontaneously in many cases, as soon as the two fragments are abandoned to themselves; when the bones are brought together as close as possible, the edges of the wound are to be likewise kept in contact by the twisted suture; some rolls of fine lint are to be placed under the tongue, and the apparatus is completed by the application of a compress and bandage; in some cases I place a thread of cotton in the inferior angle of the wound, to favour the discharge of the pus. The needles may be withdrawn in five or six days, when the edges of the wound are usually found united; at a later period the fragments of the maxillary bone become united, either immediately, or through the medium of a true osseous substance, which sometimes is deposited in such quantity as to irritate the chin, and remove a great part of the deformity which one would imagine must be the inevitable consequence of such a loss of substance.

Amongst the accidents resulting from this operation, some are immediate, manifesting themselves immediately the section of the bone has been finished; others do not appear until some time after the operation; primitive hemorrhage is included under the first kind: you have been already told the method of arresting it; I shall only add, that appropriate means should be applied as promptly as possible, for if the bleeding be abundant, it may rapidly compromise the life of the patient. The most dangerous, however, of the immediate accidents, consists in the *retraction of the tongue*, produced chiefly by the glasso-pharyngeal muscles, which forcibly pull back the base of this organ and press it against the pharynx in such a manner as to prevent the access of air to the glottis; this effect is produced, because the action of the glosso-pharyngeal muscles is not counterbalanced by that of the genio, hyo, or stylo-glossi muscles. Death may be the instantaneous result of this sudden suspension of the respiration, and some German surgeons are so apprehensive of its occurrence that they reject the operation altogether.

However, although the danger is great, this accident does not occur so frequently as we might imagine: it is chiefly to be dreaded when we are compelled to remove nearly the whole of the body of the bone; yet this operation has frequently been performed here, at *Saint-Louis*, at *La Pitié*, and by foreign surgeons, without this accident having been observed. When the disease is situated rather on the one side than on the other, it is possible to leave the opposite portion of the organ untouched, and then the retraction of the tongue is not to be apprehended; besides, we have it in our power to prevent the occurrence of this dangerous complication. At the moment of detaching the soft parts from the osseous fragment, I take the precaution of fixing the point of the tongue, by seizing it with the finger, enveloped with a dry cloth; in a few, seconds the organ recovers, as it were, its muscular equilibrium, and the sudden retraction is not to be dreaded. In an accident of this kind, M. Lallemand was compelled to open the trachea, as his patient fell suddenly to the ground on his respiration being suspended.

Amongst the consecutive accidents, we may enumerate, 1st, secondary hemorrhage, which usually comes on a little time after the first dressing; in the case of the cabriolet-driver it supervened almost immediately: 2nd, violent inflammation, which must be combated by energetic antiphlogistic remedies: 3rd, angina œdematosa, or the serous infiltration of the glottis so

called; this is a most insidious, dangerous, complication, and often admits of no other resource than laryngotomy: 4th, the difficulty of deglutition is an inconvenience which the patient may experience as a consequence of the operation; and which is easily explained upon anatomical principles; but this, as well as the difficulty of respiration, generally disappears during the progress towards cicatrization.

Such are the principal circumstances to be considered with respect to the amputation of the lower jaw, which I have now performed about eighteen or twenty times. One patient only was affected with severe inflammation of the base of the tongue, and with angina œdematosa—he died; in two other cases, the cancer, which appeared to have been radically removed, reappeared after several years, and destroyed the patients; but, with respect to the others, the operation has been attended with the most complete success; and in all, the two fragments of the jaw-bone have been united by a firm callus.

Disarticulations of the Lower Jaw.

Hitherto, Gentlemen, we have spoken only of the removal of the body of the lower jaw-bone; but we may conceive how the same diseases may attack different parts of the jaw, and thus compel surgeons to have recourse to a more bold operation. Accordingly the bone has been divided, and with success, close to its branches; nay, the bone has been disarticulated on one side, and removed as far as the chin. This operation has been performed three times by MOTT, of Philadelphia; three times, in 1825, by M. CUSACK, surgeon to one of the Dublin hospitals; once by M. GENSOUL, at Lyons; once or twice by GRAEFE, of Berlin; and once, in 1829, at *La Pitié*; making in all ten cases of disarticulation of the lower jaw-bone, practised with a variety of success.

But the boldness of surgeons did not stop here; it is reported (*Archives Générales*, tom. 14) that WALTHER, and after him GRAEFE (*Jour. Hebdom*, tom. 4), have removed the whole of the lower maxillary bone, by disarticulating it on both sides; WALTHER had previously tied both carotid arteries: these facts appear almost incredible, and it is difficult to imagine how the patient could survive such formidable operations. However this may be, it is clear that the different situations and progress of the disease must modify, in a variety of ways, the method of practising this operation; but they may all be classed under the five following heads:—

1st. Removal of the middle portion of the body of the bone. 2nd. Removal of all its horizontal portion.* 3rd. Removal of one-half of the horizontal portion. 4th. Disarticulation and removal of half the bone. 5th. Disarticulation and removal of the whole lower maxillary bone. For the method of performing these different operations, I must refer you to the different surgical works in which they are described at length.

ON THE

SYMPTOMS, DIAGNOSIS, AND TREATMENT

OF THE DIFFERENT VARIETIES OF

ABDOMINAL AFFECTIONS

WHICH OCCUR DURING THE

PUERPERAL STATE.

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THE object of the present paper is not so much to bring forward any new facts respecting the different abdominal affections which occur during the puerperal state, as to arrange them under distinct heads, in order that the junior practitioner may be assisted in his diagnosis, and relieved, in some degree, from that perplexity which must, at the onset of his career, tend to embarrass his mind with regard to the true nature of these disorders. Much of the obscurity and contrariety of opinion in which this subject is involved, depends upon the practice which has so long prevailed, of classing diseases essentially differing in their nature, and, consequently, requiring a very different treatment, under the same common name. There is scarcely any affection occurring during the puerperal state attended with abdominal pain, which has not been designated puerperal fever; and as the plans laid down by different writers for the cure of this disease are directly at variance with each other, it surely becomes a matter of serious importance for the practitioner to be accurate in his diagnosis, in order that he may put into practice the method most likely to prove successful in these dangerous affections; and when the fearful rapidity with which some of them run their course is considered, the necessity of having clear views of the disease, at its commencement, will be sufficiently apparent. Some of them are distinctly and decidedly inflammatory;

* These two methods were first introduced into surgery by Baron Dupuytren.

there is increased action, and there is a corresponding degree of power; in other words, there is common acute inflammation going on in some internal part of the belly, which is, in most instances, easily and certainly cured; in fact, there is no more difficulty in subduing it than there is at other times. Others, again, are attended with a great degree of increased action, but there is a diminution or decline of power; the distinction is highly important in a curative point of view, as the remedy which may be considered as the sheet-anchor for the relief of one of these varieties would most inevitably hasten the fatal result if employed in the other. It is not the author's intention to refer to the opinions of those who have preceded him, but simply and shortly to enumerate the different forms of abdominal disease which he has witnessed in the superintendence of an extensive obstetric charity.

Spasm of the Uterus.—This effect generally takes place soon after the expulsion of the placenta, and from the distress with which it is attended, considerable anxiety is felt by the patient, the attendants, and, in some instances, by the accoucheur himself, if he has not had an opportunity of seeing these cases previously. Females labouring under uterine spasm will occasionally be found tossing about the bed in great agony, and will describe the pain as being much more intense than the last throes of labour. It is of a darting kind, shooting through the pelvis to the back. On placing the hand upon the abdomen, the uterus will be felt through it, appearing to be of an almost stony hardness; this hardness is sometimes partial, at others more general, depending upon the extent of uterus affected.

A moderate and equable degree of pressure does not increase the inconvenience, but if the examination be rudely conducted, pain will be experienced. This circumstance, together with the undisturbed state of the general circulation (for the pulse is little if at all accelerated), will enable the accoucheur to distinguish it from an inflammatory condition of the parts. The affection appears to be allied in its nature to after-pains, though much more intense in its degree. It is to be relieved by opium given in large doses: a dram of laudanum may be exhibited in a little peppermint-water, which should be repeated in half an hour should the symptoms require it. One single large dose will be found much more efficacious than many small ones, and two of them seldom fail to procure ease, after which the patient usually goes on well. One case of this kind has been mentioned to the author, in which the accoucheur most unwisely introduced his hand into the cavity of the uterus in search of clots, but a single small one only was extracted, of a very insufficient size to account for the symptoms.

Inflammation of the Womb.—The uterus is not unfrequently the subject of inflammation after delivery, which commonly occurs within the first few days. It is ushered in by a chill, more or less distinct, quickly followed by re-action, the pulse becoming more quick than ordinary, and the beat accompanied with hardness. There is frequently nausea or vomiting. Considerable pain in the region of the uterus is experienced, accompanied with a bearing-down sensation. There is uneasiness and difficulty in passing the urine, which feels hot and is secreted in small quantities, and there is often a distressing sensation of tenesmus. The lochial discharge is invariably diminished in quantity, and occasionally altered in quality. The lacteal secretion is also lessened in the milder cases, and in the more severe may be altogether suppressed. The womb can be felt to be decidedly enlarged, and if the hand be firmly pressed upon the abdominal coverings, it causes an increase of pain. The pain experienced in this disease extends to the upper and inner part of the thighs.

Inflammation of the uterus may be distinguished from inflammation of the peritoneum by the patient being enabled to bear a certain degree of pressure without flinching, and by the pain, although never absent, being subject to violent occasional exacerbations. If, however, the disease has existed for some time, the inflammation will extend to the peritoneum, and in severe cases there will be the usual symptoms of peritonitis added to those just mentioned. It is to be distinguished from after-pains, by there being no absolute freedom from pain, by the general febrile disturbance, and by the symptoms being aggravated if the hand be applied upon the abdomen with sufficient firmness to press upon the uterus itself. It is well known that after-pains are frequently relieved by patients grasping the uterus firmly with both hands.

The treament of uterine inflammation is very simple; the antiphlogistic plan should be pursued, its extent proportioned to the intensity and severity of the disease. Blood should be taken from the arm, and in the severer forms it may be necessary to repeat the bleeding. The long-continued application of warm fomentations is attended with great advantage. The internal treatment consists in

first emptying the bowels by a very mild laxative, and afterwards in the administration of small but frequently repeated doses of calomel and opium. A very favourable symptom in this disease is the appearance of discharge, whether lochial or sanguineous, and the greater the quantity the more relief will be experienced. It is scarcely necessary to state that very little nourishment should be allowed, but the patient may be plentifully supplied with diluent drinks. A dose of opium given in sufficient quantity to procure sleep is also beneficial.

Inflammation of the round Ligament.—The round ligament of the uterus is at all times exceedingly vascular, and during the period of gestation the vessels are much enlarged, and a greater quantity of blood than usual is determined to it, and is, thence, particularly liable to inflammation. Where the disease is confined to this ligament, it is very easily subdued. Pain is experienced in the groin, increased by pressure, and by the movements of the lower limbs: sometimes a little fulness can be felt through the integuments; the uneasiness is described by the patient as of a peculiar dragging kind; the general circulation suffers but little, nor are the secretions affected unless the disease be unusually severe. The treatment required is very simple: from twelve to eighteen *leeches* should be applied immediately over the affected part, and a bread-and-water poultice placed upon the orifices when the leeches fall off. The constitution being so slightly affected, general remedies are not ordinarily required: if the bowels be confined, a smart purgative should be administered; an opiate may also be given at bed-time, and the patient is frequently relieved in the space of twenty-four hours. This disease is readily distinguished from other inflammatory affections by the locality of the pain, and by the little general constitutional disturbance excited by it.

Inflammation of the Peritoneum.—This disease is met with much more frequently than any other abdominal affection to which a woman in child-bed is subject. It usually makes its appearance within four days after delivery, though not necessarily so, as it sometimes commences much later. The patient experiences a chill, varying greatly however in intensity, which is soon followed by re-action; the pulse becomes more frequent, but seldom rises much beyond 100 beats in the minute for the first few hours. It is sometimes full and round, very much resembling that of a patient threatened with apoplexy, but more commonly it is contracted and hard. Extreme tenderness of the abdomen is an early and prominent symptom, increased by the slightest pressure, and where the attack is severe the patient will almost invariably be found in that position which subjects the inflamed membrane to the least degree of such inconvenience, viz. upon the back, with her legs bent upwards towards the abdomen; this posture not only puts the peritoneum off the stretch, but it also in some degree prevents the bed-clothes from lying upon the body, the weight of which in many instances cannot be borne without occasioning a great increase of pain. The tongue is white and dry, the lips parched, and there is considerable thirst. Dryness and heat of skin are also among the early symptoms. The lacteal, lochial, and urinary secretions are greatly diminished, and in some instances the two former are entirely suppressed.

Inflammation of the peritoneum is distinguished from other internal inflammations by the seat of the pain, by the patient's being unable to bear the least weight upon the abdomen, and by the general and high febrile commotion which is excited in the system.

The treatment of acute inflammation of the peritoneal membrane, when put into practice in the early stages of the disease, is eminently successful. If the practitioner be called in at its commencement, he ought scarcely ever to lose a patient. The writer does not recollect more than one case in his own practice which ended fatally, where the symptoms were decidedly and unequivocally those of acute inflammation of this membrane; and in that solitary instance he ascertained after the patient's decease that the attendants had most improperly given stimulating food and drink in considerable quantities, so that the result could not with fairness be ascribed to a failure of the remedies.—Blood-letting freely employed is the *sine qua non* for the cure of this disease; it should be used *early* and *freely*: the first bleeding should be a large one; in fact the arm should not be tied up until actual deliquium supervenes; or at any rate until there be a near approach to it; (with some persons it is not an easy matter to produce actual fainting;) twenty or thirty leeches should instantly be applied to the abdomen, and the bleeding afterwards encouraged by the renewed application of warmth and moisture, which also acts beneficially as a local fomentation. The best mode of accomplishing this object is to scald some cammomile flowers, with which a large flannel bag is to be filled. It is then to be laid over the bowels, a fresh one being in readiness, so that it may be replaced as often as it gets cool.

This method is much preferable to the

use of a bread poultice, which has been frequently recommended, from the camomile bag being so much lighter, and, consequently, producing less uneasiness than a heavy poultice.—The internal treatment is very simple; in a very large majority of cases nothing is required except *calomel* and *opium*. The first dose should be a large one, viz. five grains of the former with three of the latter. The writer has had very frequent opportunities of witnessing the delightful effects of large doses of opium given upon the principle so ably explained by the late Dr. Armstrong, viz. of keeping down that hurry of circulation which so frequently follows the abstraction of large quantities of blood, and which it is so desirable to avoid in all inflammatory affections. The bleeding, general and local, and the exhibition of the dose first recommended, constitute the whole treatment necessary at the first visit. It is better not to interfere with the bowels, unless there has been previous costiveness, when a large common enema may be administered; under other circumstances this may be dispensed with, it being an object to keep the parts within the abdomen as quiet as possible.

The practitioner should pay his second visit within three hours at the farthest, when, if it be a mild case, he will probably have the satisfaction to find his patient asleep, the pulse diminished in frequency, and the pain much less severe. If, however, there be any considerable pain remaining, although the symptoms are, upon the whole, favourable, venesection to faintness should be again had recourse to, and three grains of *calomel* with two grains of *opium* administered. If the disease have been attacked at the very onset, it will seldom be necessary to bleed from the arm more than twice, although it may be prudent, if the symptoms do not readily yield, to reapply the leeches. The same internal remedies should be continued in smaller doses, until the mouth be slightly affected. The author believes many relapses have resulted from discontinuing the medicines before this effect has been produced. He believes also that active purgatives ought not to be employed during any stage of the disease, but a mild laxative may be given with advantage so soon as ptyalism occurs, such, for example, as half an ounce of castor oil. Such is the simple treatment required for the cure of acute peritonitis; which, although in itself a disease of great danger, is one, than which none of the various disorders which are attacking the human frame, yield more readily to the proper remedies, provided they be early brought to bear upon it.

Puerperal Fever.—This is a disease of a most malignant nature, which occasionally prevails as an epidemic; it is attended with an inordinate hurry and powerless state of the circulation, the patient's energies seeming, as it were, suddenly and completely prostrated.

The disease begins with rigor, more or less distinct, in some cases lasting for a considerable time, in others it is trifling and scarcely noticed. On the subsidence of the chill, there are heat and flushing of the face, attended with great pain in the head. A very rapid rise of the pulse takes place; it is frequently found beating at the rate of 140, or even more, in the minute, soon after the subsidence of the chill, and has a very peculiar powerless throb, conveying to the finger a sensation as if the artery was but half full of blood. The abdominal pain is often at first circumscribed, and confined principally to the region of the uterus, extending, however, as the disease advances. There is a difference in the state of the skin, being sometimes hot, but generally moist, and not unfrequently covered with profuse perspiration, this latter symptom, however, giving no relief. The lacteal and lochial secretions are at first unaltered, and may remain so for some time, although the latter generally becomes changed either in quantity or quality, or both, and the former is suppressed. The tongue at the commencement is not much, if at all, altered from its healthy character, but soon becomes covered with a thick brown fur, and at last puts on that dry glossy appearance which is witnessed at the termination of other fevers, when combined with abdominal affection.

In the worst forms of this terrific disease, the abdomen soon begins to feel tense, and at length increases to a size much greater than it was before delivery. This enlargement depends principally upon an accumulation of gas within the intestinal canal, although doubtless it is partly produced by a large effusion of fluid within the peritoneal sac. When this swelling has taken place to any considerable extent, patients scarcely ever recover. The pain in the belly increases, the pulse becomes more rapid, the lochial discharge either suppressed or very offensive in its nature, the teeth are covered with sordes, and the tongue in many instances nearly black; colliquative diarrhœa comes on, the feces and urine also passing involuntarily, and at length the patient's sufferings are terminated by death.

It would far exceed the limits of the present paper to enter into a consideration of the diverse opinions entertained by medical men respecting its nature; but

the author begs to express his conviction, that Dr. Lowder, who lectured on midwifery upwards of thirty years since, entertained very correct views when he said, that "the inflammation was erysipelatous, and the fever typhoid." From what the author has observed, he cannot help believing that the fever is of the most virulent kind, and that the abdominal inflammation should be looked upon as a most unfortunate combination with the fever, rather than its cause; in the same manner as typhus fever may exist in conjunction with inflammation of the chest, bowels, or any other part. In support of this opinion two cases may be related which occurred in the London and Southwark Midwifery Institution some years since, in which the morbid appearances were chiefly observed in the thoracic cavity, a large effusion having taken place from the surface of the pleura, precisely resembling in its character that which always is present in the abdomen when the peritoneum is affected. There is one opinion which it seems necessary should not be passed unnoticed, viz., that the essential cause of puerperal fever is, inflammation of the uterine veins, terminating in the formation of pus within their tubes. That in the dissection of these patients, a purulent secretion has often been found within these veins, it would be presumptuous to deny, or to disbelieve the facts, being attested by names of very sufficient authority. The writer's experience, however, clearly proves to him, that this fever may exist with all its malignancy and all its intensity, *without such venous affection*, and, consequently, that it is not an essential ingredient in the formation of the disease. In the epidemic of 1829, he did not observe it in one single instance, although nearly every patient was examined after death, and in one of those inspections he was kindly assisted by the demonstrators at the Aldersgate School, Dr. King and Mr. Evans, who directed their attention very particularly to the veins.

This affection can only be mistaken for acute inflammation of the peritoneum, from which however it differs in many particulars, viz. in the violence of the cerebral symptoms; in the rapidity and peculiar character of the pulse; in the state of the skin, the tongue, and the secretions; in the comparatively trifling affection of the abdomen at the onset;* and in that great prostration of the system which is universally present.

The treatment of this malady when the patient is attacked in the worst form, is generally unsuccessful; the grand consideration for the medical man is, whether there is sufficient power in the constitution to warrant the abstraction of blood by leeches. There are certain mixed cases in which this plan is advisable, and if the patient be seen within a few hours after the attack, a few ounces of blood may be advantageously removed from the arm, but in the severer forms let the practitioner beware how he increases the depression already existing by the removal of even this trifling quantity of blood. Should the bowels require a laxative, the best that can be used is six drams of *Ol. Terebinth*, combined with two drams of *Ol. Ricini*. The *Ol. Terebinth* acts in a very mild manner, clearing the bowels of their contents, and also expelling the flatus contained within them; a large dose of *Calomel* and *Opium* should then be given, and followed up by smaller and frequently-repeated quantities of the same, until the mouth becomes affected. External irritation, produced by laying cloths dipped in warm oil of turpentine over the abdomen, may also be employed. The head should not be neglected, the scalp being kept wetted with an evaporating lotion, and where there are marks of great determination of blood, half-a-dozen leeches may be applied to the temples. Where the remedies act favourably the fever will diminish, the pulse becoming less frequent, the pain in the abdomen diminishing; but there will not be that sudden stop put to this disease so generally witnessed in peritonitis; the patient will remain in a very delicate state for some time. It seems even in the more favourable cases that the practitioner can do no more than keep it within limits compatible with life, or, to use a favourite simile of the late Dr. Curry, "It is like a runaway horse, the guider whereof can keep him in the middle of the road, but cannot *stop* him."

Irritable Peritoneum.—There is a painful state of the peritoneum, now and then met with, which seems totally unconnected with inflammation, although from the extreme tenderness of the membrane it might by a careless observer be mistaken. The patient shrinks from the slightest pressure, and even cries out when the hand is applied to the abdominal parietes; the pulse may be slightly hurried but not much, the tongue is but little if at all altered, and the secretions proceed naturally. There are no febrile symptoms, and the head is unaffected. These circumstances will enable the practitioner to distinguish this affection from peritonitis and puerperal fever, with which alone it is possible that it can be confounded. The

* The writer means, trifling when compared with the acute pain and extreme tenderness present in peritonitis.

treatment consists entirely in the administration of a large opiate, which should be repeated or not according to the necessity of the case. External fomentations are also attended with advantage.

Intestinal Irritation.—Under this name I include two different conditions of the intestinal canal, which frequently give rise to great disturbance in the constitution, viz., where either great constipation or diarrhœa is present. Where costiveness has existed for any great length of time in consequence of the patient having neglected to pay proper attention to the bowels during the last few months of pregnancy, serious inconvenience will be experienced during and after parturition. The cause is perceptible by the touch; the accoucheur feeling the hollow of the sacrum to be almost blocked up by hardened feces, a portion of which will be forced out by the descending head. In other cases there is an accumulation higher up in the canal, so that it will not be ascertained during labour, but the symptoms manifest themselves soon afterwards, the patient complaining of uneasiness in the head; the pulse is accelerated, the countenance a little flushed, the skin hot and dry; there is slight pain in the bowels, and if the abdomen be examined, there is generally a greater or less degree of fulness to be felt; pressure can be borne without materially increasing the pain. There are thirst and dryness of the lips; the appearance of the tongue is peculiar, being morbidly red, with or without a brown streak running down the centre, and almost invariably dry. The treatment is, obviously enough, to clear the bowels, and for the effectual accomplishment of that object, the use of copious enemata, in addition to purgatives by the mouth, will be required. The bowels may, however, be just in the opposite state, the patient being tormented with diarrhœa, attended with great pain and tenesmus; the stools mixed with mucus, and sometimes with blood. The principal fact to be ascertained is, whether or not inflammation be present, and if there be tenderness on pressure, and other signs denoting an inflammatory condition of the mucous membrane, leeches ought to be immediately applied over the abdomen, and a laxative, composed of half an ounce of *Castor Oil*, with ten minims of *Laudanum*, given by the mouth; after which small doses of *Hyd. cum Creta* with *Pulv. Ipecac. Co.* will be found highly useful. In cases where there are no evidences of such a state of membrane, the pulse being weak and flagging, the countenance sunk, and the skin lax and yielding, the more powerful astringents are indicated, such as the *Sulphate of Copper*, in doses of half a grain to one grain given every four hours, combined with a quarter of a grain of *Opium*. *Opiate Suppositories* are also of great service, and are preferable to the injection of *Starch* and *Laudanum*, which has been so strongly recommended. In addition to these measures, the diet must be strictly regulated, the patient being directed to live chiefly on rice boiled in water, a small portion of brandy and nutmeg being allowed to flavour it. Diarrhœa of a very formidable character is occasionally one of the consequences of uterine hemorrhage, and if great attention be not paid to it, it may end in the destruction of life. The probability of this occurrence should never be lost sight of in the treatment of the severer cases of flooding, for by a due regulation of the patient's diet, scrupulously avoiding articles which have a tendency to go into the acetous fermentation, and those which are of an indigestible nature, this state of things will often be prevented. It is better also to defer the laxative usually given on the third day, to a more distant period, and, if necessary to exhibit it at all, to take care that it is a very mild one. When, however, diarrhœa has supervened, it will be found to be very troublesome in its character; the best treatment is to give astringents liberally, and to be very particular as regards regimen.

The *Sulphate of Copper* with *Opium* will, upon the whole, be found to be the best internal remedy, *suppositories* being at the same time made use of. In some of the more obstinate forms of this affection, removal of the patient into another, and, if practicable, a more pure air, has succeeded, when every remedy that science could suggest had been tried and had failed.

Bartholomew Close, September, 1833.

LONDON MEDICAL SOCIETY.

Monday, September 30th, 1833.

Mr. KINGDON, President.

THIS evening the first meeting of a new session was held, and in consequence of the publicity given to the re-assembling of the Society, and the excitement of curiosity relative to the topic to be discussed,* the benches of the room were fully occupied at an early hour. The chair having been

* These causes—with all humility—as addenda to some of those named by the President, if not substitutes for them.

taken, the secretary, according to custom, read the minutes of the closing meeting of last session. No objections to them arising in the faded memories of any of the former audience who were now present, the attention of the Society was forthwith directed to new and important materials for debate.

THE PRODUCTION OF ASIATIC CHOLERA ASCRIBED TO THE USE OF DISEASED RICE AS FOOD.

The PRESIDENT, after the usual intimation that all the visitors might consider themselves members for the evening, stated that a gentleman present had intimated a wish to address the Society on a subject of great interest, and he, therefore, begged him to rise and explain.

Dr. ROBERT TYTLER, a graduate of the University of Edinburgh and a surgeon in the East India Company's service, accordingly presented himself, and stated, that he was prepared to submit to the members a statement of facts of the utmost importance, in proof of an opinion which he entertained, that the disease which has been described under the name of the Asiatic cholera, and which is said to have arisen in Jessore in the year 1817, was occasioned and kept up in India by the consumption of unsound rice, as an article of food; and that the strongest presumption existed, that the same disease, wherever else it existed, was ascribable to the same cause. In making known in England his views on this subject, he begged it distinctly to be understood, that whether they at once obtained general credence or excited warm controversy, his sole desire was, that the *truth* should be elicited. He was neither anxious for victory in debate, nor should feel disappointed at the failure of his position. Having thus prefaced his statements, he should endeavour to secure their attention by saying, that he was the individual who first reported to the Medical Board of Bengal the appearance of the disease in Jessore, which had since so desolated the world, and had given origin to so much professional discussion. This he should presently incontrovertibly establish by the production of official documents. His course would then be to show, that the disease in India was produced by the deterioration of the rice crops of the country —to point out the causes by which they had been blasted—and to afford proof that the poisonous food existed in great abundance in England, and was now selling in London in unlimited quantities, at three halfpence a pound,—leaving the inference from that fact to become the subject of consideration with those who had possessed opportunities of witnessing the disease called the Asiatic cholera in this country. Specimens of what he had purchased in London, he would first of all lay before them, that they might know what he considered to be diseased rice. He had brought none from India, but he found, in a most respectable shop in the metropolis, precisely the same kind of rice as had, in his opinion, produced the cholera in India, and from the cause of which disease he had given it the more appropriate name of *Morbus Oryzeus*. (Dr. Tytler here laid on the table three kinds of rice,—one of them rice of a perfectly healthy character, transparent, white, and unblemished in any part, presenting to the eye an appearance of being rice of the best quality;—a second specimen, in which the grains possessed a yellowish tinge, and which was the common "choleriferous" rice, being affected, as he imagined, either with real ergot, or a modification of that distemperature;—the third was the common, coarse, or "ouse rice" of India;—the fourth was a brown or red rice, covered with a "tunic;"—the fifth consisted of rice in its most diseased state, being nearly black.) These were not bought separately, as he showed them, but were the result of a division of the sample he had purchased. The grains were severally picked out therefrom, and put into the distinct heaps now shown. He should, then, assume, these specimens to be a scale of good and bad qualities,—edible rice, or the purest, being the plus thereof. (The specimens from zenith to zero were here sent round the room for examination.) On the investigation of the facts connected with noxious rice, he had spent unremitting attention for sixteen years,—a circumstance which gave him, he hoped, a strong claim on their attention. Now the fourth of the specimens before them was the red rice of Bengal, and was enveloped in a tunic, which existed between the husk and the grain, called "kun" and "koora," distinct from the grain, not easily separated from it, and admitted by all the natives of India to be a deadly poison. No attention whatever was paid to this tunic in England, though quantities of the grains here sold were covered by it. The great object of the natives in India was to separate it from the rice, because it produced most violent effects on the bowels. Yet it was the usual marketable rice of Bengal. Now the yellow and black grains were diseased throughout. In the red rice the tunic alone appeared to be the seat of the poison.—He would now revert to the personal topic with which he had commenced, and prove to them, by the

production of indisputable documents, that he was the individual who first saw or noticed the disease at Jessore in a professional light. The Society would acknowledge the importance of that evidence, for from the report to which those documents referred, sprung all the other reports and publications relative to the disease which was generally spoken of as having had its origin in Jessore. Their weight would be equally great in the discussion of this subject, even if it was contended that the disease existed before 1817,—and, in fact, it must have existed before then, wherever bad rice was eaten. Jessore, however, was the pivot on which the disease, as it was known in all quarters of the globe, had been made to turn. To that point all writers referred, and it had become so important a datum, that his evidence was, he felt, under the circumstances, such as to demand, on public grounds, for the facts and opinions he had to state, the best consideration. (Dr. Tytler here read extracts from documents, proving to the entire satisfaction of the Society the point he was thus anxious to establish. He then proceeded with his narrative, having first been urged by Dr. BLICKE, with some degree of impatience, to show the Society, "how it was that the disease was owing to rice." To that proof, Dr. Tytler said, he was speedily coming.) As the facts involved very great interests on the part of others, he considered it right first of all to eradicate any impression that he might attack individuals, or any body of men, by his statements. He meant to impugn no one, for he ascribed to the natural course of events the disastrous occurrences to which he should refer. He made these remarks because his opinions had been most strongly deprecated in other countries, by persons who thought that their commercial interests were affected by the diffusion of the facts he had collected. Before developing his own proofs of the morbific qualities of rice, he should lay before them the opinions of some other and very old observers of its effects. He was not the first individual who noticed its deleterious nature. After he had detected and fully confirmed, by personal observation, the fatal qualities of the rice crops of India, he became anxious to learn whether similar opinions had ever been entertained by others, and a summary of his (Dr. T.'s) researches he would now lay before the Society. The first author in whom he had detected any allusion to the subject was James Bontius, who wrote an account of the *Diseases of India*, wherein he said, "Wheat, in my opinion, affords better nourishment than rice. Experience evinces that hot rice is not only hurtful to the stomach, but also to the brain and whole nervous system, and this ailment often induces a total blindness. Hence you will seldom or never see the Javans or Maldinians eat hot rice. The principle cause of dysentery is the drinking an inflammatory liquor, *arack*, which the Chinese make of rice, and the *nolothuria*, or what in Holland we used to call qualiben, or quallen."—(Pages 16 and 128.) The following was an extract from a letter written by the surgeon of the *American*, English ship of war, dated Manilla, November 11, 1762, published by Dr. Lind, and quoted by Dr. Hunter, in his essay on the *Diseases of Lascars*, p. 223. He said, that one of "the causes of that fatal calamity," a dreadful dropsical disease, with putrid sores, which raged in the ship, was "spoiled rice, among other short and bad food," which even in its best state afforded only a very poor and watery nourishment. Grose, in his *Voyage to the East Indies*, 1772, p. 48, said, that the eating of new rice materially affected the eyes. Sonnerat, in his *Travels*, quoted in the *Madras Medical Reports*, p. 6, said, that a flux, from which 60,000 persons perished, was produced in many by eating cold rice, with curds. In Griffin's *Memoirs of Captain Wilson*, Captain Wilson in his diary said, that he was, in India, thrust into a dungeon with 153 fellow sufferers, chiefly Highlanders, of Colonel Macleod's regiment, men of remarkable size and vigour, whose only allowance was a pound of rice a day per man. The noble and athletic Highlanders were among the first victims, by a flux and dropsy. Captain Wilson soon suffered, and was near death, but he exchanged his rice one day for grain called "ratche pier," ate it, and drank the liquor in which it was boiled, and immediately recovered, though greatly weakened. With this new diet also he cured many of his fellow prisoners. (Dr. Tytler continued to quote numerous other passages of similar import, from acknowledged sources, of which the following is a brief summary.) Col. Pearse wrote in a letter, dated 1781, and published five years after he (Dr. T.) had ascertained the effects of rice,—"The army was not attacked with cholera morbus until the provisions, particularly the red rice, was complained of as being of a very prejudicial quality, causing violent pains in the bowels and fluxes." In Mr. Hunter's essay, rice was said to have caused much scurvy among the Bengal Sipahees in the Carnatic in 1783. In a memoir by Dr. Bernard to the Academy of Sciences of Beziers, in November 1786, Dr. B. wrote of rice,—"But does not this

food (so extensively cultivated) become the secret cause of a disorder which does not show itself until after a considerable lapse of time? This observation may appear singular, since we rarely find, in medical authors, any phenomena which give us reason to suspect the salubrity of rice. If the use of rice," he continues, "be generally prevalent in the globe, it will not be surprising if this substance sometimes produces singular effects." He then related the case of a merchant, who changed his diet to rice, and who felt no effect from it for several days, but then suddenly was attacked with violent sneezing, and enormous swelling of the body, with apparent sinking of the eyes in the head. A change of regimen effected a cure. On again returning to rice, of which he was very fond, the former symptoms returned; and he then wholly abandoned rice, "forbidding that it should ever again be served on his table." Once, however, he forgot his precaution, ate a spoonful, was seized instantly with sneezing, and was obliged to take diluents to get rid of the paroxysm. Yet, on another occasion, being very thirsty, he drank some rice-water; when, after using the fluid for a few days, the swelling re-appeared. Rice eaten with other aliments had no such effect on him; for he could safely consume rice cakes, which were only partly rice. The Count de Manse was said to have experienced very similar effects from like causes. The following was an extract from a Chinese medical book, printed about 1790, quoted in Livingstone's *Observations on Epidemic Cholera as it appeared in China*, and noticed in the *Calcutta Med. Trans.*, vol. 1, 1825, p. 207:—"In every case of cholera, be careful not to let any congee, or rice-water, enter the stomach, for death will be the consequence." In the *Encyclopædia Britannica*, 3rd edit., 1797, article "Oryza," Dr. Percival observed, that "rice is an improper diet for hospital patients, and particularly for sailors in long voyages;" and is apt to become putrid very speedily when moistened. Dr. Trotter, in 1780, ascribed the production of scurvy, on board country ships in the East Indies, to rice. Dr. William Hunter gave an account of a ship's crew, in 1800, amongst whom severe and fatal anasarca occurred from living on rice, while all who had other diet escaped. Mr. Christie, inspector of hospitals at Ceylon in 1803, stated that rice diet in European troops produced beriberi and complete paralysis. Dr. James Johnson said, that the liquor retailed to seamen in China called "Samshoo," obtained almost wholly from rice, "is certainly of a very destructive nature;" and added, that its effects attracted so much attention, that his Majesty's ships, on going to China, were generally ordered to guard against its introduction as against a poison. And, finally, Dr. Blackall, of Exeter, in his work *On Dropsies*, 1813, p. 323, gave an account, furnished by a Mr. Johnson, of dropsy, produced by damaged rice, in the *Asia*, East Indiaman, at Canton, and which was cured by changing the diet to bread. Mr. Bartolocci, in a work on Ceylon, 1817, p. 240, wrote, "If rice be used soonafter it is gathered, namely, within one or two months, it is by no means a wholesome food." The rich will not eat it, but the "labourers are so poor, that, in many instances, they cannot afford to wait for the grain becoming sufficiently seasoned. The Ceylonese complain much if they are under the necessity of feeding for a considerable time upon the 'moongy' rice, which is imported to Ceylon from Bengal." Yet (observed Dr. Tytler, after this enumeration) no notice of the effects which must be produced on a large scale where bad rice is almost universal, had ever been taken in England. They seemed to be wholly unknown there. To him (Dr. T.) also they were unknown until the Cholera of India made him acquainted with the noxious qualities of rice, and then by research he accumulated the statements of others, before the Society. The history of his own experience he would now relate.

In March, 1817, after the return of the fifth battalion of Bengal Volunteers from Java, he was directed by Government to undertake the medical duties of the civil station of Zillah, Jessore, which place he reached, from Calcutta, in the April following.* On the 19th of August a native doctor came to him, about noon, to say, that a native was taken alarmingly ill in a

* Jessore comprises a district 130 English miles in length and 80 broad, and produces abundance of indigo and rice. Its population is about two millions. The following bit of private conversation reached our ears this evening, Dr. T. having a remarkably sonorous voice. *Rep.*:—

Member. The population of Jessore was two millions before the Cholera occurred there, but what is it now?

Dr. Tytler. Oh, it is still two millions.

Member. Has the fatality caused by the Cholera so speedily been——

Dr. Tytler. God bless you, the destruction of people by the Cholera in India is only like killing a bag of musquitoes.

Member. A most prolific climate. India is a wonderful country.

Dr. Tytler. India is the world, sir.

Member. Shall you return to it?

Dr. Tytler. Yes, certainly.

Member. Is not the climate too hot for you? I should think your substantial frame afforded a nice treat for the insects. (Dr. Tytler is a very robust, healthy-looking man.)

Dr. Tytler. God bless you, I have been more stung in bed since I came to this nasty hole (London) than all the years I have been in India. See there: India is the country of humbugs, but this is the country for real bugs.

bazar at another portion of the town. He (Dr. T.) went to the patient immediately, and found him labouring under all the symptoms of a person who was dying from the administration of a vegetable poison—which might have been fancied to be digitalis, or datura (smoked with tobacco), opium, or bitter aloes, and he at once made up his mind that such was the fact. The pulse was gone, the face was livid, the eyes were sunk, the forehead was bedewed with cold perspiration, and the surface of the body and the extremities were frigid. The man exhibited (said Dr. T) nearly the same symptoms as a cat which I saw poisoned several years before with *meeta beekh*. The animal's body became cold and covered with perspiration, and discharges like those in cholera morbus came from it. In this man, in short, the symptoms were precisely the same as those since ascertained to mark the Asiatic cholera. I had no doubt, however, that it was a case of poisoning, and that it was an attempt to get rid of the man to prevent his giving evidence in a trial for murder, at which he was in a few days to be a principal witness in the Circuit court; for in that country they will get rid of evidence, at the expense of any crime that can be committed. I mentioned my suspicions on the spot, when an inquiry was instituted, and the villagers made confession of the melancholy fact, that ten persons similarly affected, had died nearly in the same corner of the Bazar, and seven in another quarter, and that many more were alarmingly ill in different parts of the town. The disease was ultimately ascertained to have existed three days anterior to the decease of the native whose case led to its detection. This man had the day before his illness eaten a large quantity of new rice formed into choora. The disease rapidly spread: the whole station was in disorder, and the natives ran away in droves, hurrahing as they passed my house, in token of joy that they were flying from the horrible disease. I was 72 miles from Calcutta, without medical assistance. I tried at once to ascertain if the disease was contagious. I lay on the beds with the patients, I drew in their breath, I rubbed myself with their limbs, I took every means to become infected, if it were possible. Every attempt failed. I am sure the disease is not contagious. But I was quite unprepared to treat it. Till that disease broke out, I now candidly confess, I knew comparatively nothing of my profession, though I had been nine years employed in it. Nor could any one else treat it. Everything before then was child's play in medicine. I date my knowledge of disease not from my graduation at Edinburgh, but the appearance of this disease at Jessore. I endeavoured to eradicate the disease by ridding the country of causes of miasma. I had all the jungle grass cut down, and the tanks filled up, but without avail. Persons in full health were seized while walking in the roads, and died in a few hours. The time, however, soon arrived in which I discovered reason to suspect the disease to be caused by the use of rice. On the 30th of April, as I was proceeding in the accustomed melancholy route, witnessing on all sides the ravages of death, I received a letter from Mr. Watts, proprietor of an indigo factory a short distance from Jessore, in which I was informed, that several of his servants were ill with the disease, from eating new rice of the present season. I was then in my palankeen, and asked the bearer, who was running beside it, whether the new rice was hurtful? His answer, to my astonishment, was, —"that new rice made every one sick who ate it, and was the cause of the prevailing disease; and that he, in consequence, abstained from its use." This fact had hitherto been concealed by the natives, and I hurried at once over to the jail, and asserted among the Sepoys, that they had been eating new rice. With feelings of shame they acknowledged it, and said, that "if I would give an order, they would eat no more." Finding I had made this discovery, the cry of "Don't eat new rice," proceeded from every mouth. My suspicions received ample confirmation in the jail. None were affected there but those who had partaken of the rice, and several who had recently used it were then hourly falling sick. Yet the secrecy which was attempted to be kept was surprising. Two of my own servants, who were ill, were with great difficulty only, brought to confess that they had eaten of the deleterious grain. Depositions of the facts disclosed in the jail were taken by the judge at the Court in Jessore, that a full investigation might be made. The malady permanently disappeared in the crowded jail of Jessore, (the only place under restraint,) containing upwards of a thousand persons, from the moment the use of the *new rice* was prohibited, while it continued to rage with unabated vigour among the inhabitants of the villages, who still persisted in using it as their daily food,—and eat they would, either through poverty, or the love of it, notwithstanding the horrible effects it was producing around. I will now mention some cases in which the bad effects of rice were strikingly apparent. The following instance occurred at Allahabad, and was communicated to me upon unexceptiona-

ble authority. Towards the end of June 1818, three young men, brothers, barbers by trade, proceeded to the village of Daroogunge to shave pilgrims who came to bathe in the Ganges. At that time a boat happened to arrive from Bengal, laden with red rice for sale. These brothers purchased a rupee's worth, returned to Allahabad, cooked the rice, and partook of it. They were immediately seized with the prevailing distemper. Two died in twenty-four hours, and the third was dying. On being asked why, with such facts before their face, the natives still ate rice and denied it, reply was made, that those persons would be severely punished, by their relatives, who acknowledged the disorder to arise from rice. The following is an extract from a letter, which I received from Lieut. M'Kinnon, Honourable Company's 21st Regiment :—"Your letters respecting the cholera morbus bring a circumstance to my recollection which took place at the period that that fatal disease was committing such ravages amongst the bearers and camp followers of the centre division of the grand army. A servant of mine got leave to visit his native village for a month ; but he came back in a few days saying, that fifty people had died in the village from eating cheap rice, lately arrived in boats from Bengal, and he was so prejudiced against it thenceforth, that he could not bear the sight of it."—It has been objected to my opinions respecting rice, that it could not be the general cause of the cholera in India, because it was known to occur on board some ships which had sailed without any rice on board, and yet had the disease before reaching shore. I discovered a reply to this, in the fact communicated to me, in Sept. 1820, by Mr. BARNETT, the surgeon of the *Lady Carrington*, which vessel, having had no rice in her, when a long way from land met with a pilot-schooner, out of which five bags of reddish rice were bought, and the disease commenced violently two hours after the first meal.—It now came to be important to me to perform some direct experiments in support of my opinions, and this I did. (Dr. Tytler here read an account of some experiments, well attested and authenticated, performed upon goats, in which symptoms closely similar to those of the malignant cholera in the human being were produced by the administration of a coarse description of rice as food. Want of room in this report compels us to abridge our notice of them to this statement. He then proceed to another division of his subject.) With regard to the question of *contagion*, he said he had nothing more to say than he had already stated. Other causes for the occurrence of the disease might, he said, exist. He did not attempt to deny that. He meant to confine himself to this averment, that the disease which he had seen in India was produced by the use of noxious rice, and to prove that point he had come before the Society. Was the Society satisfied of the fact, that a deleterious property existed in rice?

The PRESIDENT intimated that there could be no doubt of it.

Dr. BLICKE. Certainly there is no doubt of it. It was known ages ago.

Dr. TYTLER. That gentleman says "ages ago." I don't understand him. Whatever was known, nothing was acknowledged, of its effects in producing cholera, and I have throughout met with the most extraordinary opposition to my position. Have I, therefore, established, to your satisfaction, the fact, that the rice of commerce is capable of producing serious morbific effects?

The PRESIDENT. Yes, and to pursue that point farther would be a waste of valuable time. Now, therefore, we are desirous that you should prove how it is that the rice crops suddenly had the effect of producing the cholera at Jessore, in, and not before, 1817.

Dr. BURNE. Dr. Tytler has said that the cholera may arise from many other causes.

Dr. TYTLER. I did, but that no doubt may exist as to my opinion of the cause of the disease commonly known in India as the "Asiatic cholera." I have named it "cholera oryza." (Dr. Tytler then proceeded to show, by extracts from various sources, that the "cholera oryza" (malignant cholera) had occurred in numerous quarters of the globe, in which common rice was an object of traffic. His quotations were too numerous to be given in our report. His references were presently interrupted.)

Mr. FIELD. How did the rice get to Russia, where the disease was so violent?

Dr. TYTLER. I am coming to it. I can't travel all over the globe at once.

The PRESIDENT, however, here rose for the purpose of suggesting the propriety of an adjournment, the usual period of debate having arrived. He never saw a meeting more promising to science, the Society, and himself, and he hoped that the next would be as well attended. They were greatly obliged to Dr. Tytler for his presence (*hear, hear*), but as it seemed probable that his farther statements would occupy another hour, he thought it would be best to request his attendance again next Monday, instead of pursuing the subject farther at present.

Dr. BLICKE said, he would move an ad-

journment, with the request to Dr. Tytler, especially as he (Dr. Blicke) thought the debate was likely to take a very interesting turn *(hear, hear)*, and many gentlemen were now obliged to leave.

This was seconded, and carried unanimously. The meeting then separated.

THE LANCET.

London, Saturday, October 5, 1833.

If the medical schools of this metropolis are not, within a very short period, acknowledged to be the first in the world, the absence of that ackowledgment will and must be attributed to the neglect of the British legislature.

Placed, as we are, in possession of all the requisite materials for conveying to youthful minds the most ample instruction on medical subjects, there is required only the judicious application of the powers which Parliament may easily control, to render the science of medicine the brightest of all the ornaments which constitute the mind of the philosopher. If we are rich in the possession of funds, hospitals, colleges, and medical academies, it cannot be contended that there is any deficiency in those instruments which competent teachers would employ in order to render the most essential services to the community, by creating a number of highly skilful and intelligent medical practitioners.

When it is considered that about a thousand students annually resort to the schools of this metropolis with a view to receive instruction in the science of medicine, it is utterly impossible to reflect on the absence of an institution invested with legal authority for encouraging those students in their scholastic pursuits, and protecting them, subsequently, while in the exercise of their professional duties, without a conviction, that even the government itself contains not those elements which are essential to the process of rational legislation.

Important as is the preservation of the public morals, and beneficial as must prove the results of national education, the first subject which should engage the attention of the senator is, the security of the public health,—good feelings and vigorous intellect, being the natural offspring of a sound frame. In short, the health of the community must ever be a paramount consideration with every man who reflects on the subject. Without health, all "useful knowledge" rests on an insecure basis. Hence, in cultivating with ardour and wisdom the science of medicine, assistance is rendered in the construction of a temple which is dedicated to the chief objects that contribute to the advancement and stability of human greatness and happiness.

Shackled and discouraged by the infamous devices of the chartered corporations, the great majority of our medical professors have hitherto been deterred from taking up a bold position in the field of medical reform. Accordingly, the monopolists, emboldened by the feelings of dread which they had produced, persisted in their career of avarice and misrule, until the hand of oppression and extortion—no longer tolerable—has been shaken off by a large number of the conductors of our schools, under feelings of excited indignation.

While, however, the necessity of a radical change in the systems of medical education and government has been proved, with energy and eloquence, in nearly every school of this metropolis during the past week, not one word has been uttered on the subject by any of the "recognised" professors within the walls of our "recognised" hospitals,—establishments in which the tree of corruption has struck its deepest roots.

Painful as is such chilling apathy in a

noble cause; disgraceful as is this sordid devotion to self-interest—the public welfare being the object sacrificed—the really disinterested and zealous advocates of a more rational system of medical government, will experience no trifling degree of gratification, on perusing the address of Professor GRANT, delivered on Tuesday last, at the opening of the session of the medical department of the University.

While this brilliant essay is strikingly indicative of the active and enlightened spirit of the times, it proves that the professor is a man not only endowed with extraordinary mental powers, but that his moral courage, in declaring his purposes, is equal to the knowledge with which he is prepared to press them on the attention of the legislature and the country. But as our readers are furnished with an opportunity of examining this splendid oration, we shall make no attempt to enhance its merits. The address cannot fail of being perused with pleasure and profit by every individual whose mind is not blighted by the destroying influence of the monopolists.

If we mistake not, the science of comparative anatomy is destined, in the hands of Professor GRANT, to be placed in England on a not less imposing eminence than it has recently been made to occupy in France, by distinguished teachers in the capital of that country.

At the conclusion of the lecture, the gratification which the audience had derived from the exertions of the eloquent professor, was manifested by the loudest applause we ever heard within the walls of a medical institution. The immense theatre was thronged in every part.

FROM accounts which have reached England in several private letters, it appears that the malignant cholera rages with great violence in many provinces of Spain. Medicine is spoken of as having failed to effect any impression on the progress of the disease, and amongst the ill-fed classes of the population, in Seville especially, the mortality caused by the distemper had been truly appalling.

In Paris the cholera does something more than linger. During the whole of the present year there have appeared, both in private practice and in the hospitals, dropping cases of the disease. Thus, in January last, the deaths amounted to about thirty-five; in February, to not more than a third part of that number, while the accounts of the following months gave an amount of cases varying from four to ten, but never exceeding the latter number. This remnant of the great epidemic seemed to have laid aside much of its original violence. In many instances the disease was limited to watery dejections and cramps, but now and then the occurrence of a true example of blue cholera sufficiently indicated the existence of the reigning affection. Although the fact of the disease having reappeared with considerable violence in many of the great European capitals, — Moscow, Vienna, Berlin, and London (by-the-by, it has not yet left this metropolis) — might naturally have excited some fear of a re-visitation in Paris, the notice of medical men there was not particularly directed to this point, though the French government thought it right to employ all the measures of quarantine and prevention usually opposed to a disease believed to be contagious. Whether these means were inefficacious, or the propagation of the disease depended on causes beyond human control in the present state of knowledge, the malignant cholera certainly again prevails in Paris. During the months of July and August, there were only a few cases of a mild nature, occurring now and then in the hospitals; but suddenly, on the 20th of September, eighteen patients were brought

into the *Hôtel Dieu*, eight of whom died before night. On the 21st, the number of new cases was seven, and on the 22nd, eight. Of these last fifteen patients, seven died. On the 23rd and 24th, twelve new cases were brought into the hospital, and the mortality bore the same proportion to the number of patients. In addition to these, several cases appeared among females in the care of M. CHOMEL, but as they were treated in the early stage by that excellent physician, they all recovered. It is worthy of remark, that almost all the cases occurred in the neighbourhood of the *Hôtel Dieu*, which, as most professional men know, is situated on the river, in a very low part of Paris—analogous, in some respects, to the position of Rotherhithe, though the buildings are much superior to those of the latter place. It is also worthy of remark, that the serous diarrhœa which was so prominent a symptom in London and other parts of this country, has not, in a great majority of cases, preceded the development of cholera on the present occasion. The question of contagion, and of the exciting cause of the disease, gives rise here, as in every portion of Europe, to a variety of opinions, and much acrimonious dispute. Already, a dresser of the *Venereal Hospital* has fallen a victim to the disease, and the government has demanded of the physicians of the *Hôtel Dieu* an answer to the question,—"Whether the cholera pa-"tients should be placed in the public "wards, or isolated?" The reply has not yet been returned, but we hope that no theoretical opinion may be allowed to put aside that cautious reserve, which becomes the first duty of the physician under these circumstances.

THE weight of more important matters has pressed the STANLEY affair down to a point which is considerably below the level which we find it convenient to occupy in organising the materials for this week's publication. Although Mr. STANLEY is, in himself, a very unimportant gentleman, yet circumstances have forced him up into a station which is rendered of much consequence, from the nature of the duties he is called upon to discharge. The length of the notice, therefore, which we are compelled to take of his recent conduct, must not be measured by any respect we entertain for his professional character, but by the degree of importance we attach to everything which relates to the office he holds in the school of anatomy in St. Bartholomew's Hospital. The disapprobation with which he was assailed on Tuesday last, is, of itself, a stinging sentence of condemnation, and his attempt at defence by offering the *Old-Bailey* expedient of "returning the money" of those students who might consider themselves wronged, *was an act of* SELF-*condemnation* which left the culprit no chance of escape. The gross insult offered to the class in the *threat* that the names of those gentlemen who might apply for the refunding of their fees *should be published in the hospital and elsewhere*,—meaning, of course, by the two words last mentioned, for *the information of the Courts of Examiners in the Medical Colleges*—has excited a feeling of indignation amongst all the frequenters of the school. If the medical students of the hospital had not felt that they were almost enslaved by the infamous regulations of the chartered monopolists, does Mr. STANLEY believe that he would ever again have been allowed to address a class of English gentlemen, without expiating the outrage of which he had been guilty by offering an ample apology—the only satisfaction he could afford, and all that honourable men would deem it necessary to demand?

But the pupils will be well able to appreciate Mr. STANLEY's conduct with

reference to Mr. SKEY, when we have devoted five or six pages to the *history* of the transaction in the next Number of our Journal. In the meantime we take this opportunity of reminding Mr. STANLEY of the recommendation of his celebrated predecessor, Mr. ABERNETHY, when the theatre was the scene of a dispute on this self-same subject—viz. the appointment of demonstrators, in the month of November 1826. Mr. ABERNETHY unhesitatingly decided that *the class* should elect the demonstrator, and at that time Mr. SKEY had only delivered a few demonstrations, while now, after eight years assiduous labour in the execution of the duties of the school, he is dismissed, not only without reward, but under the stamp of ignominy and insult. The words which Mr. ABERNETHY addressed to the class were these:—

"Well now, Gentlemen, I have determined to ask *your opinion*. You have "heard Mr. SKEY. You are capable of "giving an opinion, and I want to take "the *sense of the class*, and know not how "it can be done except by *ballot*.* * * * "I say I shall be obliged to the gentlemen "who now attend the class, and all who "have attended the class who may have "a knowledge of Mr. SKEY's abilities or "disabilities, if they will give their *vote* "for his being continued a demonstrator, "or otherwise. * * * It is *the interest of the class*—that is the subject of "consideration,—not our private jars and "jingles. * * * Now I declare to "God, I see no other mode of *determining* "*the opinion of the class* but by *ballot*, and "I wish the students of the hospital to go "away satisfied that everything shall be "done on our parts, to the utmost of our "abilities, to render satisfaction to the "class."

Such was the deference shown to the feelings and wishes of the pupils by Mr. ABERNETHY. But Mr. STANLEY, being a greater man—endowed with far higher intellectual powers, gifted in oratory, and instructive and amusing in his discourses—considers that he can exercise such a commanding influence, that he can THREATEN the students into a servile observance of all his official mandates.

We are by no means desirous of fanning the flame of dissension in the class. On the contrary, we should regret to hear that their hours were wasted in the prosecution of a discussion, which, under existing laws, is made to appear foreign to their pursuits and objects; but, if Mr. STANLEY be actuated by a feeling of justice, either towards the class or Mr. SKEY, why does he not adopt the honourable and liberal mode of determining the question suggested by Mr. ABERNETHY, viz. an appeal to the ballot?

* LANCET, Vol. I, 1826-7, pages 203, 4, 8.

THE LORD MAYOR is engaged in an inquiry concerning the salubrity of an article which is sold in the shops under the title of the "British leaf." His Lordship seems to apprehend that the vegetable product in question is as pernicious to the public health as he seems to believe that the Chinese leaf is beneficial. With so many other duties to perform, it is a pity that such an important functionary should be engaged in an investigation which is altogether useless, inasmuch as strong infusions of the Chinese leaf, repeatedly swallowed, may fairly exult in its superior powers of shaking the nerves of man and woman kind. Surely, our case is desperate, if after paying four millions of pounds a year to the people of China for the noxious foliage of a contemptible shrub, the people of England are to be denied the privilege of drinking the infusion of comparatively innocuous leaves produced by their own plantations.

As the Lord Mayor warns the public against the use of "*British* leaf," so we throw out a general warning against the *Chinese* leaf. But we throw out a more special intimation of danger, for the benefit of grocers and all other dealers in tea. It is contended by the agents of government, that the inquiry has been instituted with a view to the *protection of* the public health!" Such a declaration comes with a poor grace from a government which literally encourages the diffusion of poison, *by granting patents for quack "medicines!"* Say nothing about the public health, Mr. Adolphus, or you will get your employers on the horns of a dilemma, from which you will not be able to extricate them, notwithstanding your forensic ingenuity.

The proceedings at the London Medical Society, a report of which is presented to the reader in another part of this week's Lancet (page 68), will be perused with the most lively interest. As Dr. Tyler is a physician of undoubted talent, observation, and veracity, the facts which he has already related, are calculated to inculcate the necessity of exercising the strictest caution in the use of rice as an article of food. For centuries past it has never been denied, that diseased grain when taken into the stomach, proves more or less injurious to the human constitution, but until the last week, we had not been informed that thousands of lives had been sacrificed at the shrine of commercial avarice.

A letter has been sent to us by a practitioner, in which he complains of the effect our strictures on the school of *Guy's Hospital* are likely to produce on the public mind, in detracting from the prospects and efficiency of the gentlemen who are educated at that establishment. If he will point out any errors in our statement, his communication shall instantly be inserted. Of the lectures of Dr. Blundell we have always spoken in terms of commendation, and we earnestly advise every borough student to avail himself of the advantages which the courses of that able professor always afford.

The lecture of Mr. Wardrop on the classification of diseases, inserted in our present No., the first of a series of Essays on Surgery, exhibits that acuteness of perception and originality of thought which characterise all the emanations from the mind of that gentleman. It is right to observe, that the lectures having been delivered a short time back, Mr. Wardrop has availed himself of the interval which has elapsed, to add such additional facts as his extensive field of observation has afforded. In fact, the lectures are fresh each week from Mr. Wardrop's pen.

A Correspondent informs us, and it is also announced by Dr. Holt Yates himself, that the Doctor has declined in peremptory terms to become a candidate for any one of the offices now vacant in the Aldersgate-Street Dispensary. This physician explains his connexion with the institution by stating, that as he consented, on the very night on which the dispute occurred (upon a request, compliance with which was urged as a personal favour), to see the patients until a new election should take place, on the plea that they were quite deserted, he feels it his duty, as a man of honour, to fulfil his engagement.

As we can easily understand that a promise of this description may have been made without due inquiry, so can we easily believe that it may be regarded as

binding on the conduct of an honourable mind. Of course we regret that conduct which has been dictated by benevolent motives, should impugn the feelings which prompted the resignation of the medical officers; but, as Dr. YATES has boldly proclaimed that *he had no intention of becoming a candidate for the office of physician*, we are bound to believe his statement, and to exonerate him from any charge of having intended to embarrass the medical officers of the Dispensary, or to offer the slightest insult to the members of the medical profession.

Are the differences which have existed between the Committee and the officers, approaching the period of their satisfactory adjustment? Most sincerely do we hope that this question can be confidently answered in the affirmative. Indeed, we believe we are justified in stating, from circumstances which have transpired, that the tone of angry feeling is much subdued; that the agitation which arose from "offended dignity" is less evident. Several of the influential members of the Committee have, we hear, declared their readiness to review the whole of their conduct in a most dispassionate spirit, and to encourage rather than obstruct the return of the late medical officers to the Dispensary, should further investigation lead them to conclude that "the law," for the unmutilated maintenance of which those officers have so nobly contended, is likely to contribute, either to the decided interests of the poor, or to the welfare of the medical profession.

As they recede, then, from the arena of excited discussion, the gentlemen of the Committee will, at every step, find that they are in a situation far better suited to a rational consideration of the entire subject. Fully impressed, as we are, with a conviction that they are urged by a desire to confer benefits on the objects of the charity, we cannot permit ourselves to doubt that they will ultimately approve rather than condemn the decision of the medical gentlemen. Without dwelling on the difficulties to which they have been and still are subjected by the *esprit du corps* which has proved so honourable to the character of the profession, we are disposed to merge the fact that competent medical practitioners cannot be induced to offer themselves, in the general question, and take up the argument under an admitted assumption that candidates of sufficient ability were to be found in every street.

As we admit, then, the upright intentions of the committee, it is unnecessary to publish extracts from the fourteen-page pamphlet mentioned in our last Number, in proof of the non-existence of motives for which nobody in their calmer moments can contend.

What, then, is the question at issue between the belligerent parties?

The members of the *committee* propose that a governor of only a week's standing shall be allowed to vote at the election of medical officers. The *medical gentlemen* are of opinion, that none but governors of six months standing should enjoy that privilege. The *committee* attempt to sustain their position by insisting on the increase of the funds from the operation of such a regulation; the *medical gentlemen* insist that such an increase in the pecuniary means of the institution could only be effected by the direct *purchase* of the medical offices as vacancies might occur. Thus, with regard to the *primary conditions* of the subject in debate, there is little or no difference of opinion between the disputants, but the inferences deduced therefrom by the two parties, are in direct opposition; that is, the *medical men* insist that such a mode of conducting the elections would be prejudicial to the dispensary, while the *committee* regard the in-

crease of the funds as an unalloyed advantage.

If patronage, and not charity—if the promotion of intrigue and family interest—were the objects of the committee—these would be obtained, beyond all doubt, by the permanent adoption of the regulation in question. For is it not inevitable that the rich and enterprising candidate would be the successful competitor for the official prize? The committee not only admit this when they insist on the excellence of their proposition, from its tendency to increase the *funds* of the "charity," but attempt to shield themselves from the charge of couraging the election through pecuniary means, by adopting the plea that no person can be deemed an eligible candidate, until his testimonials have received the sanction of the medical committee. This defence, however, exhibits a *non sequitur*. The *medical practitioners* contend that the most competent should be elected; but the *committee*, while admitting the competency of all the candidates approved by the medical committee, throw out a scheme which enables the most affluent in pocket to succeed over the most gifted in knowledge.

But the whole of that portion of the argument which is founded on the official labours of the medical committee, may be set aside, since it cannot be presumed that any body of medical practitioners would allow that even a single member of the profession was incompetent to discharge the duties of a public dispensary, whose qualifications to practise any one or all of the branches of medicine had been sanctioned by the legally-constituted authorities of the realm. In short, would the members of the medical committee proclaim their own incompetency by denying the capacity of gentlemen whose titles to practice and distinction were obtained from the identical institutions whence they had themselves received their medical diplomas and licenses?

Further; in another point of view, this plea of security in favour of the patients, for which the *committee* contend, is most ridiculous, when it is recollected that we *proved*, in the last LANCET, that the by-laws of the Dispensary proclaimed the ineligibility, or rather the disqualification, of twenty-nine out of every thirty *legally-qualified* practitioners in the metropolis.

The proposition, then, of the committee, displays but a single point of support,—the admitted increase of the funds of the institution. But, *observe*; is there evidence that the increase would be progressive and permanent? *Certainly not*; and it is clearly apparent that the temporary augmentation of the revenue would contain the seeds of its ultimate destruction. Where, for example, would be the subscriptions of life-governors, if the laws of the institution permitted the subscriber of one guinea, of a few days' standing, to step in, and out-vote a man who had subscribed his twenty or thirty guineas, and exerted himself during many years to promote the best interests of the charity?

Again: If the existing governors can infringe upon the principle which secures the election of competent medical officers, by allowing the voices of money-voters, made for the occasion, to be decisive, what is to prevent such voters, when the powers of the funds of the institution are thus thrown into the hands of men who take no interest in the charity, except such as may be excited by a feeling of friendship for a particular medical officer, from turning round upon the life-governors, attacking the powers of all the other governors, including the members of the Committee, and ordaining, on the very argument now advanced by the Committee, that subscribers of two shillings and sixpence each, up to any day previous to the election of a medical officer, shall be entitled to the exercise of the elective franchise? Nothing, therefore, can be more unwise, more impolitic,

than the proposed change; and if we are not much deceived, an additional inquiry, conducted in the absence of prejudice, will, finally, induce the Committee to adopt a similar opinion.

In conclusion, we have once more to congratulate our medical brethren and the public on the cordial and hearty recognition by the profession of the principle asserted and sustained by the ex-medical officers of the dispensary. There is not to be found a single legally-qualified physician or surgeon, who is so lost to honour and character, so destitute of the common feelings of humanity, as to consent to hold a seat in a medical charity, the chief offices of which he is given to understand may be acquired by *purchase*. A day, we understand, has been named for the election of new officers, and on that day, we learn, the medical gentlemen now in attendance, have intimated that it is their fixed intention to withdraw from the institution. By carrying this laudable design fully and promptly into effect, they will stand exonerated from any charge of impurity of motive, although, with many, they will be condemned for the more excusable fault of having acted under an error of judgment in having undertaken the duties of the dispensary at all, until they had satisfied themselves, that both the old and the new patients had been deserted by the medical officers of the charity.

The letter of a Governor, signed "O. P. Q.," containing several facts of local interest, reached us too late for insertion, but, should circumstances render it necessary, both that and the other promised communications from the same Governor shall find a place in our pages.

Shortly after two o'clock on Thursday, subsequently to writing the foregoing article, a card was put into our hands, on which were displayed, in the usual varieties of type, the following words:—

MR. C. CASWALL,

Member of the Royal College of Surgeons, and late House-Surgeon to St. Bartholomew's Hospital,

CANDIDATE FOR THE OFFICE OF

SURGEON

TO

THE GENERAL DISPENSARY,

ALDERSGATE STREET.

When the astonishment and indignation which the perusal of this announcement excited in our mind had somewhat subsided, we were led to exclaim, Who is this "MR. C. CASWALL?" What is the goodly name of which C is the initial? CHARLES CASWALL? — CUNNING CASWALL? — C****** CASWALL?

To solve this question, we referred to the Index of the first Volume of The Lancet for the year 1827-8, where we discovered a reference under the following frightful title:—

"Throat-cutting at St. Bartholomew's Hospital ..... 279"

Accordingly, on turning to that page, we found the subjoined report, and, surely, never was there a document which was entitled to greater attention from the Governors of the Aldersgate-Street Dispensary, seeing that the individual who figures most prominently in it, is now claiming their suffrages for the office of surgeon to their charitable institution. Here then we insert, precisely as we find it, with the exception of two lines which refer to a gentleman long since deceased, that portion of this testimonial which relates to the extraordinary skill of "C. CASWALL." This report, be it remembered, was published in The Lancet of November the 17th, 1827.

"MARCH OF INTELLECT! THROAT-CUTTING AT ST. BARTHOLOMEW'S HOSPITAL.

"No one can have already forgotten the awful and petrifying deed committed, at the solemn hour of midnight, within the precincts of the 'Hospital of Wonders,' whereby an unfortunate wretch had his trachea divided for aneurism of the aorta, and was thus hurried, long before his time, to Pluto's dreary region. The bad effects of that lamentable event have not, however, ceased with the life of the sufferer; the example has spread like wildfire among 'the Fellows;' the tragedy has been repeated in Bartholomew's Hospital, another *throat has been cut* for aneurism, and death has once more triumphed over the efforts of human genius!

"Owing to the secrecy with which the whole transaction was conducted, and the efforts which have been used by the agents in the business, to envelop it in impenetrable obscurity, we have had the greatest difficulty in tracing the features of the occurrence, but

'Man cannot cover what God would reveal.'

And so having received information that a certain extraordinary preparation was lurking in Mr. STANLEY's museum, by means of the *usual talisman* we obtained admittance, and thus found the key-stone, which has enabled us to bring the whole affair before the public eye.

"An elderly man was admitted into Bartholomew's Hospital, under the care of Dr. HUE, in the beginning of September, whose principal complaint was excessive difficulty of breathing. Dr. HUE, with the diagnostic accuracy peculiar to those who have received their education at the English universities, where medicine, as a science, is wholly unknown, conceived it arose from chronic asthma; he had frequent cough, great difficulty of breathing, expectoration of a frothy mucus, a sense of weight, and constant uneasiness at the upper part of the sternum; and, accordingly, with a degree of determination which would have done honour to Sangrado himself, ordered the application of a blister, and the use of the "squill pill;" and actually, on one occasion, ventured to abstract a small quantity of blood from the arm. Notwithstanding, however, these *powerful* remedies, the disease for seven weeks continued to increase in severity, and, at length, one portentous night, it reached a state approaching to suffocation, and was pronounced by the Doctor to be *laryngitis*. *The House-Surgeon*, MR. CASWALL, was instantly sent for, and, as we are informed, was ordered by Dr. Hue to *cut the poor man's throat*; at all events, the scientific *Caswall* proceeded to throw a light on the subject by making a hole in the unfortunate sufferer's windpipe! The operation, of course, afforded not the slightest RELIEF, but quite the reverse; for, owing to the division of a considerable vessel, a quantity of blood passed into the air passages, and produced INSTANT SUFFOCATION, the patient DYING IN THE HANDS OF THE OPERATOR!

"On dissection, it was found that *no portion of the trachea, or even its ramifications, was in a diseased state*; but, that an enormous ANEURISM, occupying the ascending and transverse portions of the arch of the aorta, had compressed the root of the bronchi, and thus given rise to the excessive dyspnœa, for which it was deemed advisable to incise the windpipe!"

CASWALL is a candidate for *honours*, and what would the man desire further than this appropriate announcement of the services he has already rendered to at least one patient belonging to the sick inmates of a metropolitan charity? Should this man be elected to the dispensary, how the poor who feel a "difficulty of breathing" will flock in crowds to the institution! All choking sensations will at once subside under the use of the keen knife of this scientific operator.

But enough. We promised the candidates that they should be known, and we thus introduce C. CASWALL to the patronage of the older members of the profession, and the marked favour of the students of St. Bartholomew's hospital. Should this individual remain a candidate, go to the poll, and accept the office, steps must be instantly taken to demand of the Council of the College of Surgeons, THE ERASURE OF THE NAME OF CHARLES CASWALL FROM THE CATALOGUE OF MEMBERS BELONGING TO THAT BODY. *Without* such an incitement from the mass of the profession, it is the duty of the COUNCIL *at this moment* to erase his name from the list of members, and thus render him

incapable, under the by-laws of the Dispensary, of disgracing the profession by conduct which is as dishonourable in spirit and tendency, as was his operation of throat-cutting ignorant and fatal.

We applaud the spirit and the resolution of Mr. Godrich, who, according to a paragraph in *The Times* last week, declined giving evidence before a coroner at an inquest, in the absence of a promise of payment for his attendance. But the power of the coroner, we perceive, is ill understood by our contemporaries; and we are not quite sure that many barristers are in a condition to deliver, off-hand, an opinion on this subject, which is entitled to carry greater weight, or inspire a larger share of confidence. The coroner is bound by his oath to obtain the best evidence for the information and guidance of the jury; but he has no funds at his disposal for the payment of witnesses. The fees of the coroner himself are defrayed by the magistrates out of the county rates; and their audit of his account is, in the present state of the law, decisive of the amount which is to be paid for the expenses arising from each inquisition. Medical practitioners must not deceive themselves; they must exert themselves to improve the administration of justice in the coroner's court, by causing an amendment of the law. The fault rests, not with the coroner, but is to be found in the statutes under which he is now called upon to exercise the duties of his office.

LONDON HOSPITAL—LETTER FROM MR. SCOTT—MEETING OF STUDENTS.

We willingly give insertion to the following letter, addressed to the pupils of the London Hospital, forwarded to us by Mr. Scott, surgeon of that institution, and also the annexed series of resolutions, though we do not understand so much of the third, which speaks of Mr. Scott's known opposition to the appointment of a house-surgeon, and his expressed desire to abolish all fees for attendance on surgical practice. Of the circumstances under which house-surgeons have been appointed to the hospital, and of the reasons which influenced Mr. Scott in opposing those appointments, no mention is made. Consequently, we can form no opinion on the subject. But what is meant by Mr. Scott's "expressed desire "to abolish all fees for attendance on sur- "gical practice in the hospital?" It surely is unfortunate that such a generous wish cannot be gratified, owing to the less noble feelings which would seem to govern the actions of his colleagues. As Mr. Scott is thus debarred from wholly satisfying a most commendable desire, why does he not at once furnish evidence of his sincerity, and labour to do good, even in part, by relinquishing his own share of the fees now paid for such attendance? This would effect the removal of one-third of a burden which Mr. Scott, we must infer from the foregoing resolutions, considers ought not to be imposed on the students.

We have only further to remark, that we give full credit to Mr. Scott's denial of having spoken disrespectfully of the old students of the institution, and to express our belief that the correspondent of The Lancet, from whom our information was received, was misinformed, although that gentleman assured us, that he was furnished with the intelligence by a Governor who was present at the discussion.

TO THE GENTLEMEN WHO HAVE BEEN EDUCATED AT THE LONDON HOSPITAL.

10, New Broad-street, Oct. 2, 1833.

Gentlemen,—A report has by some means found its way into The Lancet of last week, purporting to be an account of a meeting at the London Hospital, and attributing to me expressions I never

used, and sentiments diametrically opposed to those I have uniformly entertained and expressed.

I therefore beg to state most unequivocally that the account in question is a gross fabrication, and that I am always proud to see at the London Hospital any gentleman who considers the institution worthy of his attention.

That anything should be even falsely ascribed to me, conveying an impression of disrespect towards those among whom I number many associates of my younger days, and many of my warmest friends, I cannot but deeply regret. There are but three words in the whole account which I ever uttered, and those were used in a sense the very reverse of that to which they are perverted. An application had been made to the medical officers for a list of those gentlemen who were to be admitted to the hospital, when I urged the impossibility of giving any such list, stating that it was a thing unheard-of to confine the admission to a public hospital to the students of the establishment; and, moreover, that the application was unnecessary, since no regulation of exclusion had ever been passed by the committee. In connexion with this discussion, a gentleman was named as being a perpetual pupil, on which I added that such was not the fact, for we had no perpetual pupils to the hospital practice; but that made no difference with regard to my argument, which was directed against the absurdity of closing the gates of the hospital against any persons who might not be named in the lists required of the medical officers.

The story about my refusing to admit Mr. Headington's pupils to my lectures, I should have thought too easy of detection to be ventured upon, since its contradiction is in the hands of every gentleman to whom I presented a *perpetual* ticket for my lectures on first occupying the surgical chair, among whom are included not only Mr. Headington's surgical pupils, but even all who had attended the anatomical lectures of the preceding year.

I did not advertise for perpetual pupils in any prospectus after the first winter (it is not a recent omission), because I found the task I had undertaken so laborious that I had determined to discontinue it, and could not with propriety profess what I had no intention of performing. I felt anxious, too, to vacate the surgical chair, without subjecting myself to a repetition of some unpleasant observations addressed to me on this subject when I first occupied it. I am happy to add, that I have been induced to continue to lecture from the gratification afforded me by a very attentive class last winter, and the proficiency they manifested in competing for a prize at the conclusion of the season. I have the honour to be, Gentlemen, your most obedient humble servant,

JOHN SCOTT.

From the Minutes of the House Committee.

"London Hospital, October 3, 1833.

"An article in THE LANCET of the 28th of September having been read, purporting to be an account of a meeting held at the London Hospital, it was resolved, that, as a representation of anything which ever passed in this committee, the statement is wholly incorrect. That a copy of this resolution be given to Mr. SCOTT, and another to the Editor of THE LANCET.

"J. CECIL, Secretary."

To the Editor of THE LANCET.

SIR,—As secretary to a meeting of "old students" of the London Hospital, held in pursuance of a numerously-signed requisition, for the purpose of considering the truth of certain sentiments attributed to Mr. SCOTT in last week's LANCET, I am induced to request the favour of the insertion of the inclosed resolutions; and am, Sir, your obedient servant,

RICHARD EDWARD DAVIES.

150, Minories, 2nd October, 1833.

At a very numerous meeting of "old students" of the London Hospital, which took place on Wednesday, 2nd inst., Mr. GEORGE REES in the Chair;

It was proposed by Mr. CHARLES BENNETT, seconded by Mr. WILLIAM J. LITTLE, and carried with one dissentient voice only,—"That to the great satisfaction of this meeting it is fully proved, that Mr. Scott never uttered the sentiments imputed to him in the last week's LANCET."

Proposed by Mr. HOWARD, seconded by Mr. MAJOR, and carried unanimously,—"That the conviction of this meeting to that effect be transmitted to the journal which has doubtless undesignedly given insertion to them."

Proposed by Mr. WM. J. LITTLE, seconded by Mr. R. E. DAVIES, and carried unanimously,—"That from Mr. Scott's known opposition on two occasions to the appointment of a house-surgeon—from his expressed desire to abolish all fees for attending the surgical practice—from his strenuous efforts to throw open the dresserships to competition—from his annual distribution of prizes to the most meritorious students—and from his constant endeavours on all occasions to assist the

pupils in the prosecution of their studies, it is the opinion of this meeting that Mr. Scott deserved its gratitude rather than animadversion."

Proposed by Mr. Wm. J. Little, seconded by Mr. J. Ramsbotham, and carried unanimously,—"That on comparing the actions and sentiments of Mr. Scott with those so often and so ably advocated by the Editor of The Lancet, this meeting cannot conceive the motives which actuated the individual who reported to that journal such a complete misrepresentation of the opinions of the above-named gentleman."

Proposed by Mr. R. E. Davies, seconded by Mr. Howard, and carried unanimously,—"That the thanks of this meeting be presented to Mr. Rees for the able and impartial manner in which he has performed the arduous duties of chairman."

The following is a copy of the suitable and excellent reply of the medical officers of the Aldersgate-Street Dispensary to the spirited address of the practitioners of Sheffield:—

"*To Dr.* Corden Thompson, *and the other Members of the Medical Profession in Sheffield.*

"Gentlemen,—We have received, with the most heartfelt satisfaction, the eloquent testimony of your approval of our conduct in the step which has terminated our connexion with the General Dispensary. In making a sacrifice of feeling and interest to the respectability of the profession, and the welfare of the sufferers whom it is the object of the profession to relieve, we reckoned on the sympathy and support of medical men, and we have not been disappointed. Many and cheering are the proofs which have been afforded to us of this sympathy and support, but none more honourable or gratifying than that which we have received from you.

"We cannot but hope, that under such encouragement, through the establishment of the principle for which we have been contending, we may contribute to the permanent welfare of all medical charities, as well as to the honour and respectability of our profession.

"We are, Gentlemen, with sentiments of gratitude and esteem, your very faithful servants,

"George Birkbeck.
H. Clutterbuck.
William Lambe.
Julius C. Roberts.
Frederick Salmon.
William Coulson.

"London. Sept. 27."

INTERCEPTED LETTER.

"Dear Mr. Brodie,—It is of first-rate importance that you ride the President of your College with a sharp bit. I have received a letter from the "Home Department," where I have an old and amiable friend, stating that Mr. Guthrie had quite confounded my Lord Melbourne by the volubility of his tongue and the forwardness of his manner; and that his interview had created a most unfavourable impression of our case in that quarter. How unfortunate that a man of his description, and whose style of address is so opposite to that which *I* have myself always found so successful in life, should be President at this moment! Depend upon it, nothing can be gained by brag or impudence. A meek and cautious man like yourself, dear Mr. B., is absolutely necessary at the present momentous period. Pray seize the reins and take the whole charge on your own shoulders. The deputation from that London College of Medicine totally undid every knot that Mr. Guthrie told us he had tied in his interview just before. Now what melancholy work this is! I am sure such misfortunes are wantonly incurred; for who can doubt that a pure surgeon, a president of a rich college, a high functionary in a recognised metropolitan hospital, a visiter amongst the aristocracy, and a personally-interested man, is more likely (with courteousness and subtlety of manner) to influence a minister of the crown, than a parcel of common surgeons and physicians in general practice, who have nothing but *supposed* reason and truth to embellish their proposals? Great *names* are towers of strength. We have *them* at least on *our* side. Remember, too, that the London College of Medicine people have great *confidence*. I am told they say that, first or last, their plan of a medical constitution must prevail, so entirely is it based on principle. Do you have confidence too, but not the Guthrie sort of confidence.

"Pray tell me with your wonted candour, if Macleod has applied to you for any more subscriptions. I am so disappointed at the want of anything like talent in his journal that, for myself, I will pay no more. After all, what a world this is! Its events may be a comedy to some, but to most of us, my dear friend, they are a tragedy! I took much pains to aid *The Gazette* at starting, and I distributed hundreds of the prospectuses amongst all sorts of persons, particularly the bishops and top apothecaries. Nay, you may remember that so far did I go, as to have one placed in each plate at the

first dinner I gave after its publication was announced, and told the surgeons and physicians who did me the honour of eating with me on that occasion, that at last they had a journal which they *could* read, and I hoped they would warmly support it. Yet what good has all this done? Why a reform in the profession seems close at hand, in the teeth of Macleod and his assistants. By-the-by, I hear that Macleod denies to some people that he any longer edits the journal. Tell him, if he persist in that statement, not to be seen entering the assistant fabricator's house so frequently, since, for the sake of secrecy, he has removed his papers to that quarter.

"I further hear a report, that Mr. Travers has shown a disposition to cut us. Gracious Heaven! who next? Let some one go to Bruton-street, and ascertain what is the fact. It can hardly be true. Where the inducement? He would gain no credit on the other side. The revolutionists would not have him at a gift, I suspect.—So, the dear Prince at Kew is going to Berlin. What a sad compliment to the eye-doctors of London! We managed well, I think, to keep Wardrop from being called in, though it would almost have been better to allow that than lose the family altogether for so long a time. Graefe paid the English druggists the compliment of taking much medicine with him for the Prince. A friend of mine told me that he saw a mahogany chest full in the Baron's rooms at St. James's. I have time only to say, how devotedly I am

"Yours,

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——— Leicestershire, Sept. —, 1833.

"P.S. Can it be *our* LOCKLEY that was examined at that low inquest which I saw reported in the papers to-day? Surely, he does not accustom himself to attend such vulgar proceedings when he has seen the case before death. The hospital surgeons never go, though the deceased may have died under their hands. They always send the ward sisters, or the dressers. Has Lockley no apprentice?"

ANOTHER LETTER.

"DEAREST MACMICHAEL,—Doctor Seymour has just sent down, for my satisfaction, a copy of his colleague, Macleod's, prescription for *bread pills*, as printed by Macleod in the "FORMULÆ USED IN HIS PRACTICE AT THE WESTMINSTER GENERAL DISPENSARY," and a copy of which pamphlet will, I hope, be put into your hands, by Dr. Watson, to be deposited in our library in Pall Mall East, or, perhaps more appropriately, in the *Museum*!

"In case Dr. Watson fails (in mercy to Dr. Macleod) to furnish you with a copy of the "FORMULÆ," I transcribe it, *verbatim et literatim*, for your inspection. It occurs in page 23, the 40th formula.

"'PILULÆ EX MICA PANIS.

"'℞ MICÆ PANIS ℥j

"'Divide in pilulas xii, quarum una sumatur ter quotidie.

"'These pills are extremely useful convalescence from almost all diseases, and with due attention and regimen will frequently remove many obstinate complaints, such as hypochondriasis, hysteria, dyspepsia, and amenorrhœa. Some care, however, is required in their exhibition, as a considerable number of instances have occurred at the Westminster Dispensary, in which patients have complained much of the severity of their effects.'

"Gracious Heavens! Here is an editor of a great college journal! Here is an M.D. for fellows of the College to have to meet, even though it be but once or twice in a year! Here is a physician for St. George's Hospital! That hospital was too much by half as a reward for his early miserable services in our cause. The Asylum of Health at Lisson-grove was his proper sphere; and the addition of my name to the list of patrons, was all that he could have reasonably demanded.

"What a blockhead Dr. Macleod must be to commit to print such a prescription! It has been many times alluded to, I believe, in THE LANCET; and nothing but the circumstance of Macleod's getting again into his own hands all possible copies that had got abroad, could have prevented its appearing long ago in the pages of that almost ubiquitous journal. His brains and his pills must be of the same soft materials,—*mica panis* each of them. Pray destroy this letter, when you have read it; for if the formula should get into print in another form, it would bring unextinguishable contempt on the college which had such a crum-headed licentiate for its literary advocate; though, to confess the truth, I have myself always thought his medico-literary labours mean and contemptible in the supremest degree, considering the high pretensions which were held out at its commencement. Pray is not Dr. Johnson to be had at some price? The *Quarterly* is all very well in its way; but the benefit derivable from your talents in that direction come too slowly. Try Dr. J., my dear friend; but, in feeling his pulse, recollect that there is 'a bit of potato' in his composition. My late be-

loved friend and monarch, George—my dear, kind, friend, as he was—used to say, when talking of Tierney, 'that he never knew an Irishman who had not a bit of that valuable root in him.' His Majesty was a close observer of human nature; and many a difficult task I had, during his pranks, to keep him in the legitimate path.

"The new edition of my 'Orations' will soon be finished, and a copy will be sent by the literary Emperor of the west, *in his own name*, to all the journals. I wish you could get new notices of it in them. Send a sheet of the April No. of the *Quarterly Review* with it, to show the editors what that work said, for upon the strength of such an authority (keep the fact of your being the author of the article a strict secret) they will be sure to speak well of me. Is there no way that you could coax WARDROP to write a notice in a proper spirit for THE LANCET? He knew so much of the proceedings at Windsor, and every important circumstance connected with the last illness of my late beloved friend and sovereign, that he could, in the form of a Review, enter into many curious particulars, and tell many interesting circumstances, that would call public and professional attention to the book itself. I gave the last edition away. This one ought to be sold. As far as *promises* can do good with WARDROP, make them to him most liberally. Yours ever, my very dear and confidential friend,

"***** *******.

"——, Leicestershire, Sept. 1833."

JOSHUA BROOKES.

AN occurrence which must prove highly interesting to the friends of that meritorious and indefatigable anatomist, the late Joshua Brookes, transpired on Tuesday night last, at the delivery of a lecture introductory to the course of Anatomical Lectures by Mr. King and Mr. Malyn, in Brookes's Theatre of Anatomy. Mr. KING, in alluding to the exertions of their well-known predecessor, dwelt especially on the devotion of time, talent, and money, which Mr. Brookes had made in the cause of science. "When," said he, "I first entered the rooms, I felt oppressed by sensations at once painful and gratifying,—painful, from the recollection that on this spot those splendid testimonials of the untiring zeal and talent of Joshua Brookes are now scattered as dust by the four winds of the heavens, to the mortification of many, and to the satisfaction of but few;—gratifying, from the conviction that the high character of our predecessor would stimulate us to exertion, and be a sufficient guarantee to us, that, if we applied our talents effectually, we should, like him, secure the gratitude of many, and the esteem of all." The lecturer having spoken indignantly of the indigence in which Mr. Brookes was suffered to terminate his career, proceeded to the usual subjects of an introductory lecture; and concluded by developing the plan on which he and his colleague had determined to teach anatomy, so as to render the subject at once attractive and useful. At the close of the lecture, Mr. KENDRICK rose, and observed, that seeing so many of the pupils of his revered preceptor assembled on the old and hallowed ground, he deemed it a favourable opportunity to make known that an intention existed of erecting a bust and tablet in St. James's Church, to the memory of that lamented individual; and he proposed that, as the lecturers had kindly yielded the use of the theatre for such a purpose, a public meeting of the friends of the deceased anatomist should be held, on the scene of his former labours, to adopt measures for carrying this intention into effect: and that the editor of THE LANCET and other Medical Journals be requested to lend their powerful co-operation in promoting the objects of the meeting. The resolution, having been seconded, was carried unanimously, and the meeting separated. Upwards of one hundred and fifty gentlemen were present.—*(From a correspondent.)*

To the Editor of THE LANCET.

Sir,—I am requested, by some of the pupils of the late Joshua Brookes, Esq., F.R.S., to invite (through the medium of your journal) a meeting of the profession, to take into consideration the means of placing in St. James's Church, Piccadilly, where he is buried, a marble bust, executed by Sievier, as a tribute to the memory of one of the most indefatigable and scientific anatomists of his day. I cheerfully accede to the request; and most sincerely hope that his old pupils, and the members of the profession generally, will patronise the undertaking; and, in this hope, I invite their attendance at a meeting to be held in the Museum, Blenheim Street, Oxford Street, on Thursday next, October 10th, at eleven o'clock, forenoon precisely. * * * * I have the honour to remain,

Sir, your obedient humble servant,

JOHN KENDRICK, M.R.C.S.

12, Manchester Street, Manchester Square, Oct. 3rd, 1833.

ST. BARTHOLOMEW'S HOSPITAL.

OPENING OF THE SCHOOL.

THE theatre of this hospital was crowded on Tuesday last, by two o'clock, with students and practitioners, to hear the introductory lecture of the session. Much anxiety seemed to prevail, and questions were eagerly asked all around, whether Mr. Stanley would reply to the question in last week's LANCET, "What moral right he had to wrest from the demonstrator nine-tenths of the profits which were produced by Mr. Skey's exertions in the theatre of anatomy?" A general impression existed, that the students would be afraid to evince such opinions as the late proceedings of Mr. Stanley were calculated to create; as it was whispered that notice would be taken of dissentients, and would be employed to their prejudice, either in the hospital or at the college. We give this report just as we heard it.

The hour of lecture was half-past two. A quarter of an hour before that time, Dr. LATHAM entered and took his seat on a stool in the area of the theatre, followed by Mr. LAWRENCE, Mr. EARLE, and some good-looking elderly gentleman, who, being dressed in lavender tights, seemed to be not a little gratified at the opportunity of showing off his legs before so respectable a company. It was said, that both he and another gentleman near him came to spy out the offending students. The semicircle behind the lecture-table, was filled up by other "unknowns," who, like the great "Lord Harry," when he came to visit his snug little farm on the earth, (according to Dr. Southey), were dressed in their "Sunday best." This, as we understood, was all unusual at introductory lectures in this hospital. Mr. STANLEY needed the countenance of his friends, as his own was in a woful state when he entered the theatre. He seemed ready to sink into the earth. His appearance elicited a deafening mixture of hisses and applause, the relative proportions of which as faithful chroniclers we record as follows:—The supporters of Mr. STANLEY had been more zealous than the injured students, for the theatre was bisected by them thus,—the applauders were confined to the lower half of the benches; the dissentients to the upper,—the former having arrived earliest. The great bulk of the spectators, however, remained neutral, more than one half of the assembly entirely refrained from expressing their feelings. Of the remainder, the division was such, that the hisses and applauses were equally loud. Applauders, however, always have the advantage in noise. Two feet and a pair of hands are more than a match for one mouth.

Of the lecture it is not our business here to speak. At its conclusion, Mr. STANLEY gave the students some "advice" relative to the pursuit of anatomy. Loud outcries then arose (mingled with applauses) of, "Mr. Skey," "Mr. Skey," "An explanation," "Mr. Skey." Mr. STANLEY returned to the table, and read a paper, which, however, to the disappointment of the assembly, merely consisted of an enumeration of the lectures next to be delivered. He was then on the point of retreating, when the hisses and vociferations were redoubled, and at length became so vehement, that a consultation was held between the lecturers present, when Mr. STANLEY once more presented himself, obtained silence, and thus spoke:—

"I shall request your attention, gentlemen, for a short time, while I make a few observations on the subject of certain arrangements in the anatomical department of this hospital, respecting which you are, I presume, now interested.

"There are certain regulations emanating from the governors of the hospital for the management of the school established within these walls. According to these regulations there are certain departments relating to the anatomical lectures, which are to be regulated by the anatomical teachers, with the concurrence of the surgeons and physicians of the hospital. Now I have to state to you, that no arrangements have been made with respect to the present session, but with the entire concurrence of the physicians and surgeons of the hospital.

"I hold myself responsible to communicate to you the most complete instruction in anatomical science. If, therefore, there are any gentlemen who are not disposed to trust to this pledge—who still feel aggrieved at anything which has occurred, and who think the instruction now proffered to them not equal to that which was proffered to them when they first entered, I declare myself ready to give those gentlemen the utmost facility for making any arrangements they may conceive to be more conducive to the advancement of their education.

"I assume that no expression of disapprobation can now come from any students, as an opinion of insincerity on my part in this offer, but those who have previously entered, and may not think the instruction now so good as it was. If such gentlemen will have the kindness to apply to me for the proportion of the fees paid

at their entrance, which may now be due to them from a discontinuance of their attendance on the lectures at this time, I have only to add an assurance that their application shall be satisfied.

"I have now only to add, that I shall be quite ready to publish, within the walls of this theatre and elsewhere, the names of those gentlemen who may think proper to make such application to me."

The speaker then made his bow, and retired, amid a similar shower to that which rained at his entrance, the assembly departing immediately afterwards, in the utmost order.

We had much conversation after the lecture, both with gentlemen present who were neutrals on this occasion, and gentlemen who applauded Mr. Stanley for his proceedings; and think it not unimportant to say, that, without one exception, a feeling prevailed that the law which had swayed the proceedings of Mr. S. on this occasion might be that of hospital functionaries, but was not that either of equity or rigid honour. But, as Mr. Browell, of Guy's Hospital says, on such occasions, "The credit of the school must be upheld, you know."

FORMATION OF MATTER IN THE AXILLA AND BETWEEN THE PECTORAL MUSCLES.—DEATH.—AUTOPSY.

Frances Smith, a nurse, was admitted August 18th, with pale countenance; brown tongue, which was cracked in the centre, and covered with a moist fur on the edges; painful swellings under the right clavicle, near the shoulder; pulse 100, with power; skin rather hot; right fore-finger of a purple colour as far as the first phalangeal articulation; great pain in the head; no sleep; abdomen free from uneasiness; no appetite; bowels open. Felt unwell the whole of last week; and had severe headach. Yesterday had shivering, followed by heat and perspiration, and was unable to continue her work. Has been in the habit of drinking spirits.

Four doses, each containing two grains of *Calomel* and *Jacob's Powder*, to be taken every six hours.

20. Had but little sleep last night; three watery evacuations; tongue and pulse the same; great tenderness about the shoulder. Eight leeches to the painful part. *Effervescing draught.*

21. Shoulder less painful, but still hard and swollen; pulse 100, feeble; tongue the same; bowels twice open, motions still watery; feels herself very weak.

The *Mercurial Pill* with *Compound Chalk Powder* five grains, thrice a day.

22. Passed a very restless night; has had four watery motions; pulse 100, with great increase of force; the first phalangeal articulations of the right, middle, and ring, fingers, and the extremity of the thumb, are of a purple-red colour with separation of the cuticle. The back of the left fore-arm is swollen, and there is a spot of red on its radial edge. To use the warm-bath.

23. Covered with cold perspiration; hands and fore-arm cold and purple; pulse not to be felt. *Mustard Cataplasm*, eight ounces of *Brandy*. Died about eleven this morning.

Examination four hours after Death.

Purple appearance of the hands and arm has greatly subsided. The cellular tissue between the pectoral muscles and around the axillary vessels was infiltrated with pus; the muscles and vessels were in their natural state. Blood was found effused, in a nearly liquid state, in the cellular tissue on the back of the left fore-arm, and also between the muscles. Some serous effusion beneath the arachnoid, which was somewhat opaque. Old adhesions of the pleura on both sides; lungs healthy; blood quite fluid in the right cavities of the heart; left ventricle thickened. Several patches of Peyer's glands in the inferior part of the ilium were enlarged, without any surrounding redness or elevation; about two inches in length of the mucous membrane in the jejunum were considerably elevated, from œdema of the submucous tissue. Other viscera were healthy.

DEPOSITION OF FAT IN THE HEART OF A DRUNKARD; AND AUTOPSY.

Elizabeth Clarke, aged 54, admitted into Mary's Ward, June 20; was a patient in the hospital a month, during which time she presented no marked symptoms, lying usually in a semi-comatose state; she had been in the habit of drinking freely of spirits, frequently to the amount of *a pint and a half of gin daily.*

Post-mortem Examination.—Brain small, and very pale. The lungs appeared shrivelled within the chest, but free from any adhesions. The heart, especially on the right side, was loaded with fat, being in some situations nearly an inch in thickness; fat was also deposited between the muscular fibres; in the right ventricle the adipose tissue was in greater proportion than the muscular. The left ventricle was

hypertrophied, without any increase of capacity; the bicuspid valve was thickened, and the aortic valves contained some bony deposit, sufficient to impede their function. A small cellular band, half an inch in length, extended from the apex of the heart to the loose pericardium. The liver was small, without any change of structure. The left ovary contained an ounce of serum in a cyst. The other viscera were natural.

RUPTURE OF THE TUNICS OF THE EYE, WITH DESTRUCTION OF THAT ORGAN.

Thomas Harris, a carpenter, aged 53, was brought into Luke's Ward, September 12th. He states that he slipped his foot, and fell with his eye on the muzzle of a gun with some violence. The person who accompanied him says, that immediately on the receipt of the injury, a clear fluid escaped. On examination, the conjunctiva, sclerotica, and choroid coats, were found to be ruptured near the inner canthus of the eye, and it was concluded, from the history which the patient and his companion gave of the accident, that the aqueous humour, with a portion of the vitreous, had escaped through the aperture in the coats; the eye is quite collapsed; there is considerable tumefaction of the eyelids, and pain referable to the globe; a dark-coloured substance, having the appearance of coagulated blood, and also a grayish membrane, protrude from the wound; this is supposed to be a portion of the choroid coat and retina.

Eight o'clock p.m. To be bled to twenty ounces, or until faintness is produced; twenty leeches to be applied around the eye, and to use the saturnine lotion. A purge, composed of six grains of calomel and ten of jalap, to be taken immediately; to be followed an hour after by a compound senna draught.

13. Still suffers severe darting pains in the injured organ; twenty leeches were ordered to be applied; is to use the warm-bath.

17. Is entirely free from pain; sleeps well at night, and appears to suffer no constitutional derangement from the injury; the tumefaction of the eyelids remains unabated, and the ball of the eye is quite collapsed. This morning, on raising himself in his bed, a gush of fluid escaped from his eye, which he fancies was some of the humours.

NOTICE.

THE LANCET of this week consists of three instead of two sheets. The supplementary pages were required in consequence of the publication of the opening address of Professor GRANT. That oration occupies nearly a fifth portion of the whole number; and it has been deemed of sufficient importance to be printed separately by a respectable bookseller, and sold at a shilling,—the price of THE LANCET and Supplement. As to the actual value of such an oration, no one would attempt to estimate its worth by a pitiful calculation of pence.

(From Mr. Tyrrell.) Syllabus of a Course of Lectures on the Principles and Practice of Surgery. By Frederick Tyrrell, Surgeon to St. Thomas's Hospital and to the London Ophthalmic Infirmary. Dedicated to his pupils. 116 pages.

(From Dr. Roupell.) Illustrations of the Effects of Poisons. By George Leith Roupell, M.D. The plates from original drawings, by Andrew Melville M'Whinnie, M.R.C.S. Part I. Folio. Dedicated to Dr. Christison.

A Nottingham Subscriber. He certainly cannot, without subjecting himself to penalties that might prove ruinous.

About a thousand communications and questions from Correspondents lie on our table, and again we are unable to acknowledge or reply to them. Next week, however, we will try to clear off the score. Some will be published.

The notes of *Mr. Hooper* and *Dr. L.* reached us as were going to press, but they will perceive that the subjects to which their communications refer have not been forgotten.

The Guy's, St. George's, Middlesex, London, and St. Thomas's Hospital Reports, must stand over this week.

ERRATA.—In Mr. Hastings' paper, No. 525, page 816, col. 2, line 35, omit the word *quarts*.

In our notice of schools last week:—Page 16, the fee for "perpetual" attendance on Mr. Jewell's Course of Midwifery should have been stated at 5*l.* 5*s.* instead of 6*l.* 6*s.* Same page, Mr. W. King (Brookes's Theatre) should be Mr. T. King.

With reference to the certificates of the lectures at the "Westminster School of Medicine," (mentioned at page 18 of our last Number,) it should distinctly be understood, that those of Drs. Epps and Ryan, if no others, are fully recognised at the Hall and College.